William.	15
BALTIMORE, MARYLAND 21215-0020	four's after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the buriel-tran
9	r attending ph use as the bu
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BALTIMORE, MARYLAND	nours after death. Page 6 may be retained by the hosp	ed in by the funeral director, page 5 should be detached or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after the many be many by the hospital by the hospital of the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPAR CERTIFI	TMENT OF H	IEALTH AND	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lest) BESSIF	- R	·	RT	DER	2. DATE OF DEATH MONTH Septembe	v 10 YEA	3. TIME OF DEATH	
		R 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH						RTHPLACE (State or Foreign	
_	9a. FACILITY NAME (If not institution, give street	et and number)	Tha.		OR LOCATION OF D	EATH	9c. COUNTY O	F DEATH	
DIRECTOR	Memorial Hospit	al			berland	đ 	All	Legany	
	MARYLAND ALLE	GANY	100	MBERLA				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 129 OAK STREET				21502		U.S.	A .	
BY FUN	11. MARITAL STATUS 1 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	It yea, ap		NIC ORIGIN? (Specify Yea in, Puarto Rican, atc.) y:	В	ACE — American Indian, llack, Whita, atc. WHITE	
COMPLETED	15. DECEDENT'S EDUCAI (Specify only highest grade co	FION mpleted) College (1-4 or 5+)	Ge. DECEDENT'S (Give kind of w life. Do NOT use PLANT		st of working	166. KIND OF BUS	SINESS/INDUSTR	¥	
BE CON	17. FATHER'S NAME (First, Middle, Linst) WILLIAM CUBBAGE	KELLER				RET DORS			
10	19a. INFORMANT'S NAME (Type/Print) JAMES E. RIDER					ROUTE Number, City or Tow.			
	20a. METHOD OF DISPOSITION 1 XBurlal 2 Cremation 3 Remove 4 Donation 5 Other (Specify)			FDISPOSITION (Ne	PARK (av. 1-1	CATION — CITY OF	AND, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	schuck		GEORG 202 G	REENE S	JRCH FUNE ST.,CUMBE	RAL HO RLAND,	ME. P.A.	
	23. PART I. Enter the diseases, or cor shock, or heart failure. Lie	mplications that caused to at only one cause on each	ha death. Do n h iina.	ot antar tha mo	da of dying, suc	h as cardiac or raspi	ratory arrest,	Approximata interval Batween Onset and Death	
	disesse or condition resulting in death)	sulfing in death)							
N	Sequentially list conditions,								
CATI	If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury								
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO (OR AS A CO	ONSEQUENCE OF):					
A	PART II. Other significant conditions	contributing to death but	not resulting in	n the undariying	cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE	
MEDIC						1 YES 2	MO NO	OF DEATH? 1 YES 2 NO	
PHYSICIAN:	DID TOBACCO USE CONTRIL 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26.		S NO Z H (Check only one)	UNCERTAI	N 🗆			
IYSIC		Inpatient 2 ER/Outpatk				6 Other (Specify)			
BY P	1 Natural 5 Pending 2 Accident Investigation	25a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	JRY WO	URY AT RK? 'ES 2 NO	28d. OEŞCRIBE HOW II	NJURY OCCURED	,	
	3 Suicida S Could not be detarmined	28a. PLACE OF INJURY	At home, ferm, at	treet, tactory, offic		28t. LOCATION (Street a City or Town, State)	and Number or Rui	al Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:	W: To the best of my knowled on the basis of augminution a	ge, death occurre	d at the time, data	and place, and due	to the cause(a) and men time, data and place, an	ner as stated.	se(a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	lund			29c. LICENSE NUI			NED (Month, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WHO						215	502	
	Vik Poonai, M. 31. DATE FILED (Month, Day, Year) SEP 14 384	2. REGISTRAR'S SIGNATURAL PROPERTY AND ADMINISTRATION OF THE PROPERTY ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION O		A Dt.,	Cullibe.	LIANG, MC	. 213	102	
	2 1334	The state of the s							

BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Realth and Mental Hygiene prior to burial, cremation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 'be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
_	TO THE HOSPITAL	TO THE FUNERAL be filed within 72 I	IMPORTANT: If I

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG	. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. OATE OF DEA			3. TIME OF DEATH	
	Ronald	Pierce	Richter			Sent	15 19	94	1:11A M	
	4. SOCIAL SECURITY NUMBER		E (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATÉ OF BIRT	Н	8. BIRTH	IPLACE (State or Foreign	
	269-28-7551	1 📉 🛣 2 🗆 F	61 YRS.	MONTHS DAYS	HOURS MIN.	Sept 29		Countr	nigan	
	9a. FACILITY NAME (If not Institution, give s		01	9b. CITY, TOWN O	OR LOCATION OF DI			INTY OF D		
Œ	319 Epping Way			Anna	polis		Ar	nnapo	lis	
DIRECTOR	RESIDENCE OF DECEDENT			7 41116				Паро	7110	
1 12	10a. STATE 10b. COUNT	•	10c. CIT	Y, TOWH OR LOCAT					10d. INSIDE CITY LIMITS?	
		e Arundel		Annap	OIIS				1 - YES 2 NO	
1 A	10s. STREET AND NUMBER 10g. CITIZEN OF V									
FUNERAL	319 Epping Way 21401 USA									
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE— 11. Naver Married 2 Married FORCES? 1 YES 2 NO 11 yea, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE— 11. Naver Married 2 Married 12. Was DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE— Bleck, Was DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE— Bleck, Was DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE— Bleck, Was DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE— Bleck, Was DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE— Bleck, Was DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE— Bleck, Was DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE— Bleck, Was DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE— Bleck, Was DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE— Bleck, Was DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE— Bleck, Was DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE— Bleck, Was DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE— Bleck, Was DECEMBENT OR HISPANIC ORIGIN? (Specify Yea or No— 14. RACE— Bleck, Was DECEMBENT OR HISPANIC ORIGIN? (Specify Yea or No— 14. RACE— Bleck, Was DECEMBENT OR HISPANIC ORIGIN? (Specify Yea or No— 14. RACE— Bleck, Was DECEMBENT OR HISPANIC OR HI									
BY I										
	3 Wildowed 4 Divorced									
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)		VSUAL OCCUPATION work done during mo		16b. KIND O	F BUSINESS/IN	DUSTRY		
"	Elementary/Secondary (0-12)	College (1-4 or 5 +) 4	Pilot	a roundu.)		Linita	d State	e Na	9VV	
×	17. FATHER'S NAME (First, Middle, Last)	4	FIIOL					3 110	X Y Y	
	Charles Richter					ME (First, Middle, M	aiden Surneme)			
H	19a, INFORMANT'S NAME (Type/Print)		405 44411 1110	1000000 10		Pierce				
유	Kathleen Richter				Mou As				404	
			0b. PLACE AND DATE		Way An		IVIAI YIAI			
	20s. METHOD QF DISPOSITION 1	ovel from State	emetery cremeters or o	ther place)						
	M. SIGNATURE OF FUNERAL SERVICE LIN	CENTREE /	FIZ Lincol	n Crema	TOTY 9/	110/94 t	M Tay	od, N	Maryland uneral Home	
	(1)	141		147 [Duke of (Clausante	or C+ 1	hnor	alic MD	
	Muld &	L. Ky T	in						10113, 191D	
	23. PART i. Enter the diseases, pr shock, pr heart failure.	complications that caus List only one cause on	ed the death. Do r	not enter the mo	da of dying, suc	h as cardiac or	reapiratory ar	reat,	Approximate interval Between	
	IMMEDIATE CAUSE (Final	R							Onaet and Death	
1 1	disease Dr cDnditiDn raauiting in death)	· NNEY	A CONSEQUENCE OF							
1 1	NA-COLUMN DE DECEMBRE	DUE TO (OR AS	A CONSEQUENCE OF	F):						
Z	Sequentially list conditions,	· PRUSTA	A CONSEQUENCE OF	1/Fil						
ΙĔΙ	If any, leading to immadiata	DUE TO (OR AS	A CONSEQUENCE OF	F):						
	cause. Enter UNDERLYING CAUSE (Disease or injury	c HV PM	A CONSEQUENCE OF							
	that initiated events resulting in death) LAST	JUDE TO (OR AS	A CONSEQUENCE OF	-):						
CERTIFICATION		d,								
	PART II. Other significant condition	s contributing to death	but not reaulting	n the underlying	g cause given in	Part I. 24a. W	AS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
DICAL							ERFORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE	
MEC									DF DEATH? 1 YES 2 NO	
5	DID TOBACCO USE CONT	RIBUTE TO CAUSE	OF DEATH YE	S 🗆 NO Г	UNCERTAIL	<u>п</u> П				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEAT							
Sic	1 YES 2 NO	HOSPITAL: 1 Inpetiant 2 I ER/Ou	rtpatient 3 DOA	OTHER: 4 Nursing Hom	e 5 Residence	6 Other (Specif)	0			
<u> </u>	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		E OF 26c. INJ		28d. DESCRIBE H		CURED		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(WOITH, Day, Hear)	, 185		rES 2 NO					
	3 Suicide 8 Could not be	26e. PLACE OF INJUR building, atc. (Sp	RY — At home, farm, a	straet, factory, offic		261. LOCATION (S	treet and Numbe	r or Rural F	Route Number,	
COMPLETED	4 Homicide datermined	burioning, atc. (O)	outy)			City or Town,	State)			
1 2	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my kno	wiedge, death occum	ed at the time data	and niace, and due	to the cause(s) en	d manner as etc	ted		
M M		R: On the basis of examinat) and manner sa stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE									
8	77W				29c. LICENSE NUM	100	29d. DAT	E SIGNED	(Month, Day, Year)	
임	30. NAME AND AODRESS DE PERSON WH	D COMPLETED CAUSE OF I	DEATH (ITEM 27) (Tono	Print)	17 5	00/1		1-1	5 74	
	Steven Fuller	900 Bestga			s. Maryle	and 21/10	1		'	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE		o, waiyi	ATIG 2150	-			
	SEP16	1994 Juliad	Twelson Rom	all						

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	FOR STATE REGISTRAR	STATE OF N				OF HE			ENTAL HYGIEI REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF OEATH	AY	YEAR	3. TIME OF DEATH
	Doro		Α			<u> 1ebec</u>			Sept.	13	94	6:00 PM
	4. SOCIAL SECURITY NUMBER 211-38-7628	5. SEX	6. AGE (In yrs. last	t birthday) YRS.	IF UNDER		OURS 2	S. COLO.	7. DATE OF BIRTH (Month, Day, Year)	1027	Countr	
	9s. FACILITY NAME (If not institution, give s		11791	9b. CITY	TOWN OR I	Feb. 6,			_	NTY OF D	nnsylvania	
R	Memorial Hospita					Eas					Talb	
5	RESIDENCE OF DECEDENT 100. STATE 100. COUNT		I son CIT	V TOWAL	OR LOCATION	1						
DIRECTOR	Maryland						tert	on				10d. INSIDE CITY LIMITS? LYES 2 NO
AL I	10a. STREET AND NUMBER						P CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	401 Main Street							21	.610		U.	S.A.
FU	11. MARITAL STATUS 1 Never Merried 2 Married 12. WAS DECEDENT EVER IN U.S., a FORCES? 1 YES 2 Married				13.	WAS DECENI	DENT OF	HISPANIC Mexican,	ORIGIN? (Specify Ye Puerto Rican, etc.)	e or No-	14. RACE Black	E — American Indian, k, White, atc.
BY	3 Widowed 4 Divorced	WAR OR DATES			1 YES 2	X NO	Specify:			Speci	White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)				CCUPATION during most of	f working		16b. KIND OF BU	SINESS/INI	DUSTRY	
LE)	Elementary/Secondary (0-12)	College (1-4 or 5	+) life.	Do NOT us	se retired.)							
ЭМС	Nine Years 17. FATHER'S NAME (First, Middle, Last)			Home	make	- v	MOTHE	D'C NAME	E (First, Middle, Maide	Sumanai		
E CC	William Barne	ett				"	o. MOTHE		The state of the s	shert	V	
TO BE	19a, INFORMANT'S NAME (Type/Print)							or Rural Roo	ute Number, City or To	vn, State, Zij	o Code)	
1	John G. Ruebeck,	Sr.						Bette	erton, Ma	,		1610
	20a. METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Ram 4 Donation 5 Other (Specify)	noval from Stata	cemetery, cre	matory or o	ther place	itiON/Name	of ardo	me 0	0ATE 20c. L	Jarp I	e, To	wn, signe wnship nla
	21. SIGNATURE OF FUNERAL SERVICE N	CENSEE	OTCHWC	od_i	22.	NAME AND	ADDRESS	S OF FACIL	LITY		-	
	the mode	HEFOR	4		1				on & Son rvland			Home
П	23. PART i. Enter the diseases, or	complications that	t caused the de	ath. Do i	not enter	the mode	of dyin	g, such	ss cardiac or resp	iretory an	rest,	Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Final	1										interval Between Onset and Death
	lisesse or condition a. Lucy Carleman, was Swell Cech. Due To (OR AS A CONSEQUENCE OF):								3 worth			
_		DUE TO	(OR AS A CONSEC	DUENCE O	F):							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate out to (OR AS A CONSEQUENCE OF):											
-ICA	cause. Enter UNDERLYING CAUSE (Disease or injury	C. DUE TO	(OR AS A CONSEC	NIENCE O								
E	that initiated events resulting in desth) LAST	JOE 10	(On AS A CONSEC	DENCE O	7:							i]
	DART ii Other significent condition	o.	double but not -			404.67	- 10 10	-0.1/-		5 - 20LU		
SAL	PART ii. Other significant condition	is contributing to	death but not re	esuiting	in the un	iderlying c	ause gi	ven in Pa		RMED?	24b.	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						,			_ 1 TYES	2 🗌 NO		DF DEATH?
	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEA	TH YE	s 🗹 i	NO 🗆	UNCE	RTAIN	_			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			TH (Check	only one)						
IXSI	1 YES 2 NO	1 Nopetlant 2	ER/Outpetlant 3	_		sing Home		_	Other (Specify)			
	1 Natural 5 Pending	28a. OATE OF (Month, D	ay. Year)	28b. TIM INJ	E OF URY M	28c. INJURY WORKS	?		88d. OEŞCRIBE HOW	INJURY OC	CUREO	
ЭВУ	2 Accident Investigation 3 Suicide S Could not be	28a. PLACE O	F INJURY — At horetc. (Specify)	ma, term, :	itreet, fact			\rightarrow	181, LOCATION (Street	and Number	r or Rural F	Route Number,
ETED	4 Homicide datarmined	bunding,	чис. (эрвспу)						City or Town, State	,		
COMPLET	29a. CERTIFIER (Check only one)											
00	2 MEDICAL EXAMINE		xamination and/or i	nveatigatio	n, in my o	pinion, deati	occured	d st the tin	ne, data end place, e	nd due to th	ha cause(s) and menner as stated.
BE	296. SIGNATURE OF CERLIFIE	H				3	139C	SE NUMBI	ER 	29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITEM	1 27) (Jype	Print)	<u> </u>	10 [07			4'	7.
	29 509 bley	veld ali	2. 20	Som	N	D		216	501		1	
	31. DATE FILEO (Month, Day, Year)		R'S SIGNATURE									
	OEP 1 4 94	Gran David	son-Andel	الم								DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit pe be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to bunal, cremation, or removal.	lilled in by the funeral director, page 5 should be detached for use as the bunal-transit pr. n. or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	e medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAI		TMENT OF H		MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Walter	thomas	RIVN	nLds		2. DATE OF OEATH MONTH DAY SCOT 15.	1994 AR	3. TIME OF OEATH	
	The second secon	s. SEX 6. AGE (In	yrs. last birth (ay) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHI Country		
		NAME (If not Institution, give street end number)				11/8/29 ATH	9c. COUNTY OF DE	Washington, DC	
FUNERAL DIRECTOR	Harford Memorial	Hospital	<u>_</u>	de Grace		Harf	ord		
REC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d								
Ā	Maryland I	Harford		Aberdeer				LIMITS? 1 X YES 2 NO	
RA	46 Paradise Road			10	ZIP CODE		10g. CITIZEN OF W		
S		2. WAS DECEDENT EVER IN U		13. WAS DEC	21001 ENDENT OF HISPANI	C ORIGIN? (Specify Yee o	U.S., or No.— 14, RACE	- American Indien.	
BY FI	1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES? 1XXYES IF YES, GIVE WAR OR DATE		It yes, sp	ecify Cuben, Mexicen 2 NO Specify:	, Puerto Ricen, atc.)	Black Specifi	White, etc.	
	15. DECEDENT'S EDUCAT	Vietnam	A DECEDENT'S	USUAL OCCUPATION	NA .	det vine er Buen	Whi	te	
COMPLETED	(Specify only highest grade con	mpleted) College (1-4 or 5+)	(Give kind of v	work done during mo	st of working	16b. KINO OF BUSII	NESS/INDUSTRY		
AP.	12	2	Milita	ry		U.S. Art	ทบ		
00	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Maiden St			
BE	Walter Reynolds 190. INFORMANT'S NAME (Type/Print)					Elizabeth (
2	Mrs. E. Anne Reyno	olds				oute Number, City or Town, berdeen, Ma		21.001	
	20e. METHOD OF DISPOSITION	20b. P	LACE AND DATE	OF DISPOSITION (No			ATION — City or Tox	21001 vn, State	
	1 Donation 5 Other (Specify)	Hai	ery, crematory or or reford Me	emorial	Gardens	9/19 Aber	rdeen, Ma	arvland	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SIME	7	Tarri	o address of fac	Funeral Ho	ome. P.A		
	Youry K.	Within	ammi	Aberd	een, Mary	yland 2100	01-3399		
4	23. PART Enter the disease, or conshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Auto	M M		de of dylng, such	ss csrdlac or respire	story srrest,	Approximate Interval Between Onsat and Daath	
CERTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST								
AP.	PART II. Other significant conditions of	ontributing to death but	not resulting	In the underlyin	g cause given in F	Part I. 24a. WAS AN A		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
DIC						1 YES 2 [COMPLETION OF CAUSE OF DEATH?	
ME	DID TOBACCO USE CO	NITRIBLITE TO C	ALICE OF	DEATH V	FC F3 210	+		1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL	MIKIBUIE 10 C	AUSE OF		ACE OF DEATH (Che	ck only one)			
SIC		OSPITAL: Inpetient 2 ER/Outpati	lent 3 DOA	OTHER:	e 5 🗆 Residence 8				
BY PHYSICIAN: MEDIC	27. MANNER OF OEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ		28d. OESCRIBE HOW INJ	JURY OCCURED		
	2 Accident Investigation 3 Suicida 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify,	At home, term,	street, tectory, offic		281. LOCATION (Street end City or Town, State)	d Number or Rural R	oute Number,	
COMPLETED		N: To the best of my knowled						and manner as stated	
BE CO	296. SIGNATURE AND TITLE QE CERTIFIER	1	111	0	29c LICENSE NUM	, , ,	29d. OATE SIGNEO	JA STEEDS STORY	
TO 8	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEAT	H (TEM 27) (Type	Print)	1201	66	· 4/1	5794	
	31. OATE FILED (Month, Day, Year)	M.D. 30	7 S.	and	u Are	2 Habne	de C	Trace	
	SEP 1 9 1994	Jahn Davidson	Rardall						

1	. 3		R ATE GIST	R
F	1. DE	CE	DENT	'\$
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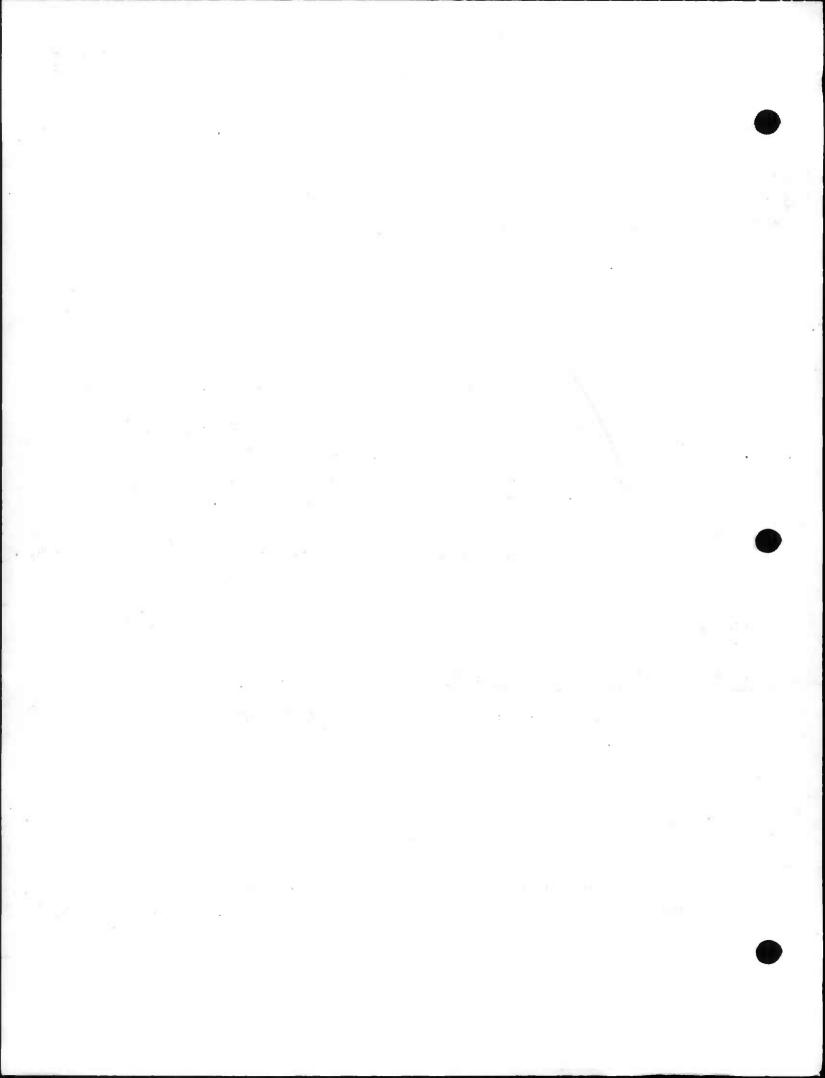
1 - STATE REGISTRAR CERTIFICATE OF DEATH AND MENTAL HYGIENE REG. NO.													
1. DECEDENT'S NAME (First, A	Aiddle, Last)			::	-			2. DATE OF	DEATH		1554	3. TIME OF DEAT	IH
EDNA E	LIZAB	ETH	RICE					SEPTEM	ner o	W 7	YEAR 1994	1245	PM
4. SOCIAL SECURITY NUMBER	R :	5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER 1 YE		DER 24 HRS.	7. DATE OF I	HTRIE		8. BIRTH	PLACE (State or Fo	oreign
216-22-93	09	1 M 2 KF	76	YRS.	MONTHS DA	WS HOUR	B MIN.	Sept.	11,	1918	8 Ma	ryland	0.00
9e. FACILITY NAME (If not insti	itution, give stree	et and number)	d number) 9b. CITY,				TION OF D				JNTY OF DI		
Washington (Hospital Hage:					wn			Wa	shing	ton	
RESIDENCE OF DECE	DENT 10b. COUNTY			100 017	Y. TOWN OR L	OCATION							
Maryland	Washi	naton			Hagers							10d. INSIDE CITY	
10e. STREET AND NUMBER		<u> </u>				101. ZIP CO	DDF			10a CI	TIZEN OF W	1 YES 2 NAT COUNTRY?	NO
101 Elizabeth Street 21740 U.S.A.													
11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.	S. ARMED	13. WAS	DECENDEN	OF HISPA	NIC ORIGIN? (S	specify Yes			— American India, White, etc.	en,
1 Never Married 2 M 3 Widowed 4 Divorce		FORCES? 1	MAR OR DATE	s – XMO		s, specify Cu YES 2X N		en, Puerto Rica fy:	n, etc.)		Specia		~
		71011						-				White	
(Specify only h	DENT'S EOUCA highest grade co	mpleted)		(Give kind of life. Do NOT u	work done durin	PATION og most of wo	rking	16b. KII	ND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12	2)	College (1-4 or 5	+)	Presse				L	aund:	ry			
17. FATHER'S NAME (First, Midd	dle, Last)					10. M	OTHER'S NA	AME (First, Midd	le Maiden	Surname)			
Elmer	Μ.	Sumn	ners				Nola		liz		th	Brown	
19e. INFORMANT'S NAME (Type	e/Print)			19b. MAILING	ADORESS (St	reet and Num	ber or Rural	Route Number, (City or Town	n, State, Zi	ip Code)		
Margaret L	Mc	Fadder	1	Route	e # 1	Box	701.	Bunker	Hil	1. W	. Va.	25413	
20e. METHOD OF DISPOSITION		al from State		ACE AND DATE		N (Nama of		OATE	20c. LO	CATION -	- City or To	wn, State	
4 Donetion 5 Other (S	Specify)		Ros	e"Hill				21-94	Hag	erst	own,	Wash.,M	d.
21. SIGNATURE OF FUNERAL	,		,			drew		ffman	Fune	ral	Home	Tnc	
> R.h.	cel i	Braa	4					Maryla				LIIC.	
23. PART i. Enter the disc	eases, or cou	mplications the	t caused th	e death. Do	not enter the	mode of	lying, suc	ch ss csrdiac	or respi	ratory a	rrest,	Approxim	
IMMEDIATE CAUSE (Finsi		or only one car	/	a mile.								Onset and	
disesse or condition resulting in death)	a.,	M	etas	TA GIL	Ca	rcin	eme	-1	Rec	ten		Men	the
		DUE TO	(OR AS A CO	ONSEQUENCE O	F):			+		(0	1		
Sequentially list condition	ns, b.	DUE TO	(OB AS A CC	ONSEQUENCE O	D.								
if any, leading to immedia cause. Enter UNDERLYING		302 10	(011 75 7 00	MSECOLINCE O	r).								
CAUSE (Disesse or injury that initiated evants	6	OUE TO	(OR AS A CO	INSEQUENCE O	F):					-		1	
resulting in death) LAST	d.												
PART II Other significant			4										
PART ii. Other significant	1	contributing to	death but	not resulting	^		0	1	n. WAS AN PERFOR		246.	AVAILABLE PRIDR	TO
Cooma	(V)	> rue	w	Ike	lecer	iany	Van	deast 11	YES 2	□ NO		OF DEATH?	AUSE
DID TOBACCO	IISE CO	ONITRIBLIT	E TO C	ALISE OI	DEATH	YES						1 YES 2	40
25. WAS CASE REFERRED TO		CITIKIBUT	10 0	AUSE OI									
EXAMINER?		HOSPITAL:	EB/Outpetle	ort 3 □ DOA	OTHER:			heck only one)					-
27. MANNER OF DEATH		28e. DATE OF	INJURY	28b, TIN		INJURY AT		8 Other (Sc 28d. DESCRI		NJURY OC	CUREO		
1 Natural 5 Pe	ending vestigation	(Month, E	Pay, Year)	IN.	JURY	WORK?							
3 Suidide	ould not be	28e. PLACE (F INJURY —	At home, farm,	street, tectory,	office		281. LOCATIO		nd Numbe	er or Rural R	loute Number,	
	termined	- Journality,	etc. (Specify)					City or To	own, State)				
29e. CERTIFIER (Check only	YING PHYSICI	AN: To the best of	my knowledg	ge, death occurr	ed at the time,	date end pla	ce, end due	to the cause(s	s) end men	ner es atr	nted.		
) end mennar aa a	tated.
29b. SIGNATURE AND TITLE O							ICENSE NU					(Month, Day, Year)	
()119-	لحد	M				1	214	157		▶ C	7/17	194	
30. NAME AND ADDRESS OF F	ERSON WHO	COMPLETEO CAU	SE OF OEATH	(ITEM 27) (Type	, Print)	1	. 1.	1. 4		1.	1 1	4	/
31. OATE FILEO (Month, Day, Yo.	VAIT	PAD 32 MEGISTRA	M)	19	721-1	DAK	11)	(AVE	z, t	AC	FER.	~ U10 /2	
SEP 2 1				Randari	•								



TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



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DIVISION OF VITAL RECORDS, I	The state of the s
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		1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last) THERESA EVA	STMMONS				2. DATE OF DEATH		3. TEAR	TIME OF DEATH 4.00 A M
		4. SOCIAL SECURITY NUMBER		(in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLA	CE (State or Foreign
pino		212-22-6421 9e. FACILITY NAME (If not institution, give s	1 M 2 X F 94	YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/16/19(MORE CO.
1, 2, 8 should	OR	11247 RED LION R			SB. CITY, TOWN	OR LOCATION OF OR	ATH	9c. COUNTY BALTI		
	DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	TY, TOWN OR LOCAL	TION				I, INSIDE CITY
73	100		IMORE	J	OPPA				1 [LIMITS?
	FUNERAL	1507 BULLS LANE			101	21085		USA	N OF WHAT	COUNTRY?
alician.	5	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED		ENDENT OF HISPAN	IIC ORIGIN? (Specify Ye		RACE -	American Indian,
COLUMN TO THE PROPERTY OF	BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	ATES		ecify Cuben, Mexice 2 NO Specify	n, Puerto Ricen, etc.)		Specify:	
215-0		15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. OECEDENT'S	USUAL OCCUPATION	ON pet of working	16b. KIND OF BU	ISINESS/INDUS	WHIT	E
O 21	LETI	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT u	se retired.)	st or working	DECTAU	TANT		
YLAND 21 by the hospital or be detached for u at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		COOK		18. MOTHER'S NA	RESTAUF ME (First, Middle, Malden			
2 5 5 Z	BE C	LEONARD TREMPER				CATHERI	NE KOCH			
MAR retained 5 should notified	5	199. INFORMANT'S NAME (Type/Print) ANNABELLE FRANCIS					Route Number, City or Tov. MD. 2108		ide)	
ay be		20a, METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Rem	20b	PLACE AND DATE	OF DISPOSITION /Na	ame of	/	OCATION — CII)	y or Town,	State
e ecte		4 Donation 5 Other (Specify)	P.	ÄRKWÖÖD	CEMETERE		4/94 BAI	TIMORE	E, MD	•
death. Page 6 m death. Page 6 m e funeral director, u.		. D		_		ND AODRESS OF FA	AL HOME OAD BALTIN	×		
0 = 0	1000	23. PART I. Enter the diseases, or o	complications that caused		/401	BELAIR R	OAD BALTIN	10RE, M	1D. 2	1236
iours after led in by th or remova		shock, or heart failure. IMMEDIATE CAUSE (Final	List only one ceuse on e	sch ilne.		ar ay mg, audi		watery arrest	.	Intervel Between Onset and Death
within poletely fi cremation vent, the		disesse or condition resulting in desth)	S. DUE TO (OR AS A	NIT15						5 DAYS
Pa 5 - 6	Z		b. 10 SENILA							>12 YRS
	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE						
O. BO certificate be ing physicia ygiene prior other trax	IFIC.	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE O	F):					
O T DE	CERT	resulting in desth) LAST	d							
# # Z ≥ .=	AL C	PART II. Other significant condition	s contributing to desth b	ut not resulting	in the underlying	g csuse given in	Part I. 24a. WAS AN			RE AUTOPSY FINDINGS ILABLE PRIOR TO
9 = 8 = 6	EDIC	CLARBROVAS	CULAR A	ECIPE,	NT	(1991)	1 YES		CON	MPLETION OF CAUSE DEATH?
REC requires been sign t. of Heal shows	Σ	DID TOBACCO USE CONTI	PIRITE TO CALISE O	E DEATH Y	ES I NO IE	UNCERTAIN			10	YES 2 NO
I AL The law tte has b ate Dept. em 23	CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF OEA	TH (Check only one)	ONCERIAII	101		10,	/
PHYSICIAN: this certifica with the Sta	IYSICI,	1 YES 2 NO 27. MANNER OF CEATH	1 - Inpetient 2 - ER/Oulp			e 5 Residence				
NG PHYSI fter this c sath with marked,	у РНҮ	1 Natural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	28b. TIN	JURY WO	VES 2 NO	N/A	INJURY OCCUR	IEO	
) a v a w	ED BY	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec	- At home, term,	street, factory, offic	•	28f. LOCATION (Street City or Town, State	and Number or	Rural Route	Number,
OR ATTEN DIRECTOR: hours after Item 28 I		4 Homicide determined		NI	9			NIF		
4 4 Z	COMPL	(Check only CERTIFYING PHYSI	CIAN: To the best of my know R: On the beele of examination							i manner ee stated.
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If	BE C	291. SIGNATURE AND TITLE ON CERTIFIER	00	u N		29c. LICENSE NUM				nth Day, Year)
D D S W	10 E	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF OF	ATH (ITEM 27)	- Print)		892	► 9/	22/	194
			MP A.D.	9618	BELAIRA	COAD, 1	BALTIMO	ORK,	MD	21236
		SEP 2 6 1994	32. REGISTRAR'S SIGN	ATURE						

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	fter d	the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	ATT TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Flours after death. Page 6 may be retained by the hospital or attending pin	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by		

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR				ERIIF	ICALE	UF	DEATH		REG. NO			
	1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE OF	D.		YEAR	3. TIME OF DEATN
			DOROTHY	JEAN		SE					r 10	,1994	
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. It	-	IF UNDER	DAYS	IF UNDER 24 HRS.	7. DATE OF (Month, L	BIRTN Day, Year)		8. BIRTHP Country)	LACE (State or Foreign
	232-48-2064		1 🗌 M 2 🔀 F	61	YRS.			3,700	Sep 1	1, 19			₩
~	9a. FACILITY NAME (If not ins					9b. CITY,		OR LOCATION OF I	DEATH			INTY OF DE	
0	Memorial H	4.	a1				Cun	berland			Al	legan	У
<u>n</u>	10a. STATE	10b. COUNTY	Y		10c. CIT	Y, TOWN OF	R LOCA	TION					IOd. INSIDE CITY
DIRECTOR	WV	Mine	ral		Wi	ley F	ord					- 1	LIMITS?
	10e. STREET AND NUMBER						_	I. ZIP CODE			10g. CIT		IAT COUNTRY?
FUNERAL	P.O. Box 9						1 2	26767			USA	A	
3	11. MARITAL STATUS		12. WAS DECEDENT			13. W	WAS DEC	ENDENT OF NISP	NIC ORIGIN?	Specify Yea	or No—	14. RACE	- American Indian, White, atc.
BY F	1 Never Married 2 X 3 Widowed 4 Divor	7.45.00	FORCES? 1		NO	1	yes, sp	ecify Cuban, Maxis 2 X NO Spec	an, Puarto Ric //y:	an, stc.)		Black, Specify	
												W	nite
COMPLETED		DENT'S EDU		18a. D	ECEDENT'S Give kind of	USUAL OC	CUPATION TO THE	ON ost of working	18b. K	IND OF BUS	SINESS/INI	DUSTRY	
٦	Elementary/Secondery (0-	-12)	College (1-4 or 5+)		se retired.)				1 7 74			
ž l	17. FATHER'S NAME (First, Mi	edelle d = a)			<u>lerk</u>					al Ma			
			Henderson					18. MOTHER'S N			Sumame)		
H	19a. INFORMANT'S NAME (Ty		lender som	1.4	Db 84811 1014	1000000	(0)		n (Rin				
2	Paul W. See							and Number or Rura				p Code)	
		_				OX 9;		ley For		-		City or Tow	
	20g. METNOD OF DISPOSITION 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		oval from Stata					ark	0 /1 3			and,	
	21. SIGNATURE OF FUNERAL		CENSEE	Jourse	et me			ALK ND ADDRESS OF F		Cui	INCT 1	ana,	
	* Jana	7	X/co	NO1	H:	Sc	arp	elli Fu	neral 1				
	23. PARTY. Enter the di	seases, or o	complications that	caused the d	leath. Do	not enter t	the mo	da of dying, au	ch aa cardia	C Dr reapi	ratory ar	rest.	Approximata
	ahock, or he iMMEDIATE CAUSE (Fin	ert fallure.	List only one caus	se on each lin	10.								interval Between Onset and Death
	disease or condition resulting in death)		Acu	7 C D	sc p	0 A T =	- 0 -		21.00				onest and beatt
	resulting in dastn)		a. A CU	OR AS A CONSE	EOUENCE O	F):	360		2416	-			
z			b. DUE TO	= i o R / D /	C	EEE	110	1001					
CERTIFICATION	Sequentially list condition if any, leading to immed	nate _											
S	cause. Enter UNDERLYII CAUSE (Disease or injui		c ME	TAST	ATO	- 0	BA	05-	BREC	57			
#	that initiated events resulting in death) LAST		DUE TO (OR AS A CONSE	EOUENCE O	F):		,					
E	resulting in death, EAS		d										
١	PART il. Other significer	nt condition	s contributing to	death but not	reaulting	in the unc	derlyin	g cause given in	Pert i. 2	la. WAS AN	AUTOPSY	24b. \	VERE AUTOPSY FINDINGS
EDICAL										PERFOR	-		WAILABLE PRIOR TO COMPLETION OF CAUSE
									— '	YES 2	NAMO		F DEATN?
Σ	DID TOBACCO US	SE CONTI	RIBUTE TO CAL	ISE OF DEA	ATH Y	S \square N	IO F	LINCEPTA	N D			'	YES 2 DANO
¥	25. WAS CASE REFERRED TO		The state of the s			TN (Check or		JOINCLKIA	14 1621				
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER		e 5 🗆 Rasidence	8 Other /S	Spaciful	-		
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT	28d. DESCE		NJURY OC	CURED	
ВУР		Pending nvestigation	(Month, Da	y, rear)	IN	URY M		YES 2 NO					
	2 Cutotde	Could not be	28a. PLACE OF	INJURY — At h	ome, farm,	street, tecto	ry, offic		28t. LOCATI	ON (Street a	ind Number	r or Rural Ro	ite Number,
밀		latermined	building, a	nc. (Specify)					City or	Town, State)			
١٣	29a. CERTIFIER 1 CERTI	FYING PNYSI	CIAN: To the best of a	my knowledge d	leath occurr	ad at the tin	ne date	and place, and du	to the course	(a) and			
COMPLET													and manner as stated,
	29b. SIGNATURE AND TITLE			1 11									
B	THE STATE OF THE S	OF OCH III ICH	L Br	West 1	4.0	,		29c. LICENSE NU D 233			29d. DAT		fonth, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WNO	O COMPLETED CAUSE	E OF DEATH (IT	EM 27) (Tuna	Print)		ע בט	J 7			9/12	17
	Dr. Dinesh	Shah-	Johnson H	Heights	Medi		Buil	ding-Cu	mberla	nd, M	D 2	1502	
	31. DATE FILED (Month, Day, Y	1994	1 32. REGISTRAF	S SIGNATURE	6								
3 1													

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	FOR
1	STATE
	REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)														
									TE OF DE	ATH DA	٧	YEAR	3. TIME OF OR	ATH
LENA	IRENE			SHE	ROYE	R		O		13		94	0434	Α
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 1		IF UNDER			TE OF BH			a. BIRTI	HPLACE (State or	Foreign
215-36-7596	1 □ M 2X□XJF	77	YRS.	MONTHS	DAYS	HOURS	MIN.	01		1	17	Coura	"Pa.	
9a. FACILITY NAME (If not institution, give s	treet and number)			96. CITY, TO	OWN OR	LOCATI	ON OF DE	EATH			9c. CO	UNTY OF D		
SACRED HEART HOS	PITAL			CUI	(BER)	LAN	D				ALI	EGAN	Y	
10a. STATE 10b. COUNT	Υ	10c. CITY, TOWN OR LO			LOCATIO	CATION						10d. INSIDE CI	TY	
Pa.	Bedford			Hyne	dmaı	n							LIMITS?	ON D
10e. STREET AND NUMBER					-	IP COD	E				10g. CI	TIZEN OF	WHAT COUNTRY	
R.D.1. Box 536							155	45				US	A	
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR		13. WA	S DECEN	IDENT C	OF HISPAN	VIC ORI	GIN7 (Spe	cify Yes	or No	14, RAC	E — American In	dlan,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1		10				n, Maxica Specify		io Rican,	atc.)		Spec	k, White, etc. ://y: Whi	+0
16. DECEDENT'S EDU		16a. DE	CEDENT'S	USUAL OCC	UPATION			1	I6b. KIND	OF BUS	INESS/II	NDUSTRY	AATIJ	
(Specify only highest grade	College (1-4 or 5		Do NOT us	work done dur se retired.)	ing most o	of workir	ng							
8			HC	USEW	IFE									
17. FATHER'S NAME (First, Middle, Last)					1	a. MOT	HER'S NA	ME (Firs	t, Middle,	Maiden	Sumame)			
HARRY LE	ROY KIR	CHNER				ERM	IA P	EAF	RL	(SM	ІТН) KI	RCHNER	?
19e. INFORMANT'S NAME (Type/Print)		190	b. MAILING	ADDRESS (S	Street and	Number	r or Rural i	Floute No	umber, Cit	y or Tow	n, State, 2	(ip Code)		
	SHROVER		F	2.D.1	Bo	ox_	480	В	Hvr	dm	an.	Pa.	15545	5
20a. METHOD OF DISPOSITION 15 Burial 2 Cremation 3 Rem	oval from Stata	20b. PLACE A			ON (Neme	of		0.	ATE	20c. LO	CATION -	- Cify or To	own, Stata	
4 Donation 5 Other (Specify)				Como:	ter	V	9	/16	5/94		H.	yndm	an	
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	' 0									ומוזים	FDAT.	HOME	
Harveyt	+7	alor.	7										15545	
23. PART I. Enter the diseases, or	complications the	t daused the da	ath. Do r	not anter th	a moda	of dy	ing, auc	h as c	ardiac o	r respi	retory s	rrest,	Approxi	mata
ahock, or heart valiure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	Sepsi	· E										intarvai Onset a	
	DUE TO	OR AS/A CONSEC	QUENCE O	F):	5	>4	m							
Sequentially list conditions,	b. OUE TO	OR AS A CONSEC	QUENCE O	d Fi:	K		CD.	7	./					
if any, leading to immediata cause. Enter UNDERLYING	1 140/	a Just ho	stic	Sali			44	= _	h one	ho	4. 1	n 101	4	
	. M461	U GUYN DIU		_ ~7 M	Dra	ME	2 0	- 'Z	110000		$e_{\mathcal{H}} \cap$	LIKE	uc	
CAUSE (Disease or injury that Initiated evants	c. MAGE!	OR AS A CONSEC	DUENCE O	F):	Dra	ME	2. 0	- '7	111100		47	John	uc	
CAUSE (Disease or injury	c. /DUE TO	OF AS A CONSECUTION OF AS	QUENCE O	F):	dra	щe	2 0	- 7	111100		47	Jun	ue	
CAUSE (Disease or injury that initiated evants resulting in death) LAST	d													
CAUSE (Disease or injury that initiated evants	d								24a.	WAS AN	AUTOPS'		D. WERE AUTOPSY AVAILABLE PRIC COMPLETION O	OR TO
CAUSE (Disease or injury that initiated evants resulting in death) LAST	d								24a.	WAS AN	AUTOPS'		o. WERE AUTOPSY AWAILABLE PRIC	OR TO F CAUSE
CAUSE (Disease or injury that initiated evants resulting in death) LAST	d	death but not r	aaulting	in tha unde	eriying c	cause (givan in	Part i.	24a.	WAS AN	AUTOPS'		AWAILABLE PRICOMPLETION O	OR TO F CAUSE
CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significant condition DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL	d	death but not r	aaulting	In the unde	eriying c	S _	givan in	Part I.	248.	WAS AN	AUTOPS'		AWAILABLE PRICOMPLETION O	OR TO F CAUSE
CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significant condition DID TOBACCO USE	d	death but not r	saulting	in tha unde	YE;	S CE OF O	givan in	Part I.	24a.	WAS AN PERFOR	AUTOPS'		AWAILABLE PRICOMPLETION O	OR TO F CAUSE
CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	d	E TO CAUS	SE OF	DEATH	YES	S CE OF O	givan in	Part I.	24a.	WAS AN PERFOR	AUTOPS MED?	Y 248	AWAILABLE PRICOMPLETION O	OR TO F CAUSE
CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	CONTRIBUTI HOSPITAL: 1© Inpetiant 2 28a. OATE OF (Month, C	E TO CAUS ER/Outpatient 3 EINJURY Pay, Year)	BE OF	OTHER:	YES 28. PLAC g Home Bc. INJUR WORK 1 YES	S CE OF O	DEATH (Ch	Part I.	24a. 1 one)	WAS AN PERFOR	AUTOPS MED?	Y 248	AWAILABLE PRICOMPLETION O	OR TO F CAUSE
CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	CONTRIBUTI HOSPITAL: 1 © Inpetiant 2 [28a. OATE OF (Month, D.	E TO CAUS	BE OF	OTHER:	YES 28. PLAC g Home Bc. INJUR WORK 1 YES	S CE OF O	DEATH (Ch	Part I.	24a. 1 one)	WAS AN PERFOR YES 2	AUTOPS: MED?	Y 24k	AWAILABLE PRICOMPLETION O	OR TO F CAUSE
CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	CONTRIBUTI HOSPITAL: 1 Tipetlant 2 [28e. PLACE C building.	ETO CAUS ER/Outpatient 3 FINJURY — At ho stc. (Specify)	DOA 29b. TIM	OTHER: 4 Nursin BE OF JURY M attreet, fectory	YE: 28. PLAC g Home Bc. INJUR WORK 1 YES 7, office	S CE OF O	NC NO	Part I. eck only 28d. C	24a. 1 □ ther (Special Control	WAS AN PERFOR	AUTOPS: MED? NO NJURY O	CCUREO CCUREO	D. WERE AUTOPSY AMAILABLE PRIC COMPLETION O OP DEATHY 1 YES 2 [OR TO F CAUSE
CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER 1 CERTIFYING PHYS	CONTRIBUTI HOSPITAL: 1 1 Inpetiant 2 28a. OATE OF (Month, Controlled) 25c. PLACE Controlled in the best of a series of a ser	ETO CAUS ER/Outpatient 3 FINJURY — At ho stc. (Specify)	DOA 29b. TIM	OTHER: 4 Nursin BE OF JURY M attreet, fectory	YES 28. PLAC g Home Bc. INJUR WORK 1 — YES y, office e, date en	S E OF 0 5 Ref (?) 7 AT (?)	NC NO	Part i. Part i. 281. Li C 281. Li C to the c	24a. 1 □ ther (Special Control	WAS AN PERFOR	AUTOPS: MED? NJURY O	CCUREO Crant or Rural the cause(D. WERE AUTOPSY AMAILABLE PRIX COMPLETION O OF DEATH? 1 YES 2 Route Number,	OR TO F CAUSE NO No national a started.
CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	CONTRIBUTI HOSPITAL: 1 © Inpetiant 2 28a. OATE OF (Month, C 28a. PLACE C building, ICIAN: To the best of a	ETO CAUS ER/Outpatient 3 FINJURY — At ho stc. (Specify)	DOA 29b. TIM	OTHER: 4 Nursin BE OF JURY M attreet, fectory	YES 28. PLAC g Home Bc. INJUR WORK 1 — YES y, office e, date en	S E OF O 5 Re	DEATH (Ch	Part I. Part I. 28d. C	24a. 1 □ One) ther (Spec DESCRIBE OCATION ily or Tow cause(a) :	WAS AN PERFOR	AUTOPS: MED? NJURY O	CCUREO Crant or Rural the cause(D. WERE AUTOPSY AMAILABLE PRIC COMPLETION O OP DEATHY 1 YES 2 [OR TO F CAUSE NO
CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE NO TITLE OF CERTIFIE	CONTRIBUTI HOSPITAL: 1 © Inpetiant 2 28a. OATE OF (Month, C 28a. PLACE C building, ICIAN: To the best of a	ER/Outpatient 3 ENJURY Pay, Year) I my knowledge, da examination end/or i	DOA 29b. TiM IN.	OTHER: OTHER: 4 — Nursin E OF JURY M atreet, fectory ed at the time on, in my opin	YES 28. PLAC g Home Bc. INJUR WORK 1 — YES y, office e, date en	S E OF O 5 Re	DEATH (Ch	Part i. Part i. 281. Li C 281. Li C to the c	24a. 1 □ One) ther (Spec DESCRIBE OCATION ily or Tow cause(a) :	WAS AN PERFOR	AUTOPS: MED? NJURY O	CCUREO Crant or Rural the cause(D. WERE AUTOPSY AMAILABLE PRIX COMPLETION O OF DEATH? 1 YES 2 Route Number,	OR TO F CAUSE NO No national a started.
CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE NO TITLE OF CERTIFIE	CONTRIBUTI HOSPITAL: 11 Inpetiant 2 28a. OATE OF (Month, C) 28b. PLACE C building.	ETO CAUS ER/Outpatient 3 ENJURY Pay, Year) FINJURY — At ho. etc. (Specify) Typy knowledge, da axamination end/or i	DOA 29b. TIMM IN. anth occurrinvestigation	OTHER: 4 Nursin N	YES 28. PLAC g Home BC. INJUR WORK 1 YES y, office e, date en nion, deat	S E OF 0 5 Record of Place and plac	PROPERTY (Ch. Pasidenca NO	Part I. Part I. Seeck only 6 Dollar C. 281. Li C. C. Seeck only MBER	24a. 1	WAS AN PERFORMAN YES 2 (Street & Comment of the Com	AUTOPS: MED? INO NJURY O	CCUREO Crant or Rural the cause(D. WERE AUTOPSY AMAILABLE PRIX COMPLETION O OF DEATH? 1 YES 2 Route Number,	OR TO F CAUSE NO No

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OHMH-16 Rev 1/89

examiner must be notified at once.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
le funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hosp

SEP 7 1994

	FOR 1 - STATE REGISTRAR	STATE OF MARY			MENT OF I		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	GORDON D			mith	DEATH	2. DATE OF DEATH	AY YEA	3. TIME OF DEATH 7:30 P M
	The second secon	1 XM 2 - F	BE (In yrs. last	YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DI	7. DATE OF BIRTH (Month, Day, Year) JUNE 22,	C	INTHPLACE (State or Foreign country) LARYLAND
TOR	MEMORIAL HOSPI	,			EAST		EATH .		BOT
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND TALBO	T		10c. CITY, T	OWN OR LOCA	STON			10d. INSIDE CITY LIMITS? 1X YES 2 NO
FUNERAL	700 PORT ST.,			_		2160		US	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	ES 2 NO	IED O	If yes, sp		NIC ORIGIN? (Specify Yes en, Puerto Ricen, etc.) ly:		RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	(Give	EDENT'S USE to kind of work Do NOT use re	UAL OCCUPATION of done during mostered.)	ON st of working	16b. KIND OF BU	SINESS/INDUSTI	
BE CON	17. FATHER'S NAME (First, Middle, Last) ROBERT TYNES S	MITH					ME (First, Middle, Meiden ESTHER D		Y
TO B	190. INFORMANT'S NAME (Type/Print) ESTHER D. BAUKH	AGES-SMI					Route Number, City or Tow GLEN AR		
	20e. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Ramon A Donation 5 Other (Specify)	ral from State				METERY	9-8 BAL	CATION — City of	,
	21. SIGNATURE OF FUNERAL SERVICE LICE	MERCE)	200	S. HARR	RAL HOME	, EAST	ON, MD
	23. PART i. Enter the diseases, or on shock, or heart failure. Li IMMEDIATE CAUSE (Finel	ist Dnly Dne cause Dr	n each line.						Approximete interval Between Onset and Deeth
	disease or condition resulting in deeth)	Indet DUE TO (OR A	E F M	net	e - 9	suspect	racute	MI	15 minutes
ATION	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING	DUE TO (OR A			recsus	pulme	mary en	nbolis	40
CERTIFICATION	CAUSE (Disease or injury thet initieted events resulting in death) LAST	DUE TO (OR A	S A CONSEQU	JENCE DF):					
- 11	PART II. Other eigniticent conditions	contributing to deet	but not re	euiting in t	he underlyin	g ceuee given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL	Pulmonary	fibrosis					1 _ YES 2		CDMPLETION OF CAUSE OF DEATH?
AN	DID TOBACCO USE CONTRI	BUTE TO CAUSE				UNCERTAI	N DZ		
SICI		HOSPITAL:		0	THER:	a 5 Residence	6 Other (Specify)		
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Yea	iy I	28b. TIME O	F 28c. INJ		28d. DESCRIBE HOW I	NJURY OCCURE	D
	3 Suicide 8 Could not be determined	28s. PLACE OF INJU- building, etc. (S	IRY — At hom specify)	ie, ferm, stree	et, factory, offic	•	281. LOCATION (Street City or Town, State)		iral Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI 2 MEDICAL EXAMINER:								ise(e) end <i>m</i> anner ee stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	O M	C			29c. LICENSE NUI			NED (Month, Day, Year)

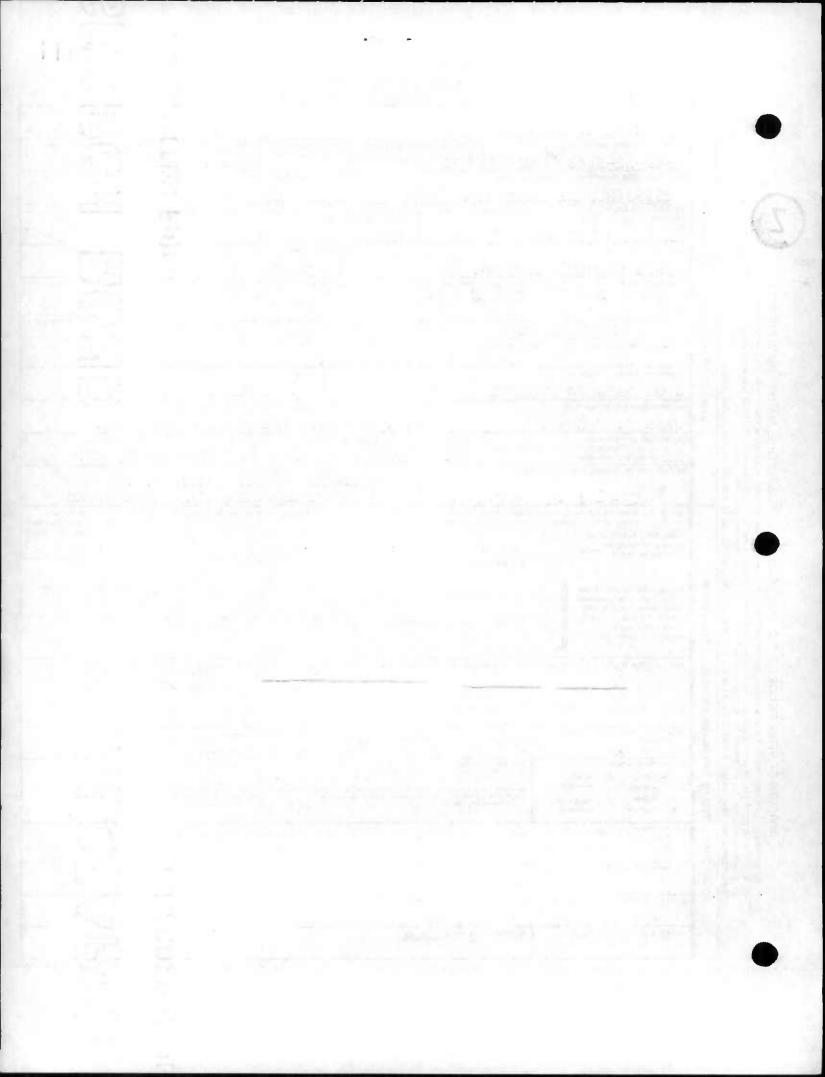
WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

ITEM: 23 PART I, PER DR. FILM G-716 10/15/94 t.t FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Last	1	OLITTI	FICATE C		REG. NO		La THAT OF BEATH
	VINCENT C. SV					AUG. 26	1994	3. TIME OF DEATH 9:07PM
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday) IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	543-12-5843	1 XX M 2 □ F	73 YRS.	MONTHS DAY	B HOURS MIN.	(Month, Day, Year) SEPT.4,		OREGON
	90. FACILITY NAME (If not institution, give 25553 BUSHEY			-	N OR LOCATION OF DE		2478	LBOT
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	ТҮ	10c. C	TY, TOWN OR LO	CATION		711	10d. INSIDE CITY
	MARYLAND TALI	BOT	R	OYAL O	AK		75	1 TYES 2 X NO
	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
-	25553 BUSHEY I	HEATH RD.			21662			USA
1	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	FORCES? 1 TO YE		If yes	specify Cuben, Mexice (ES 2 NO Specify		or No.— 14	I. RACE — American Indian, Black, White, etc. Specify: WHITE
F	15. DECEDENT'S ED (Specify only highest grad	de completed)	16a. DECEDENT' (Give kind o life. Do NOT	S USUAL OCCUP f work done during use retired.)	ATION most of working	16b. KIND OF BUS	SINESS/INDUS	TRY
L	Elementary/Secondary (0-12) 12	College (1-4 or 5+) 4+	PSYC	HIATRI	ST	MED	ICAL	
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)	
10-	JOHN RAYMOND	SWEENEY				NNIFRED		
	190. INFORMANT'S NAME (Type/Print) JANE D. SWEEN!	2 V				AL OAK,		
11-	20a. METHOD OF DISPOSITION		Ob. PLACE AND DAT					y or Town, State
	1 Buriel 2 Cremetion 3 Re		emetery, crematory or ANAT					E, MD.
	21. SIGNATURE OF FUNERAL SERVICE L			22. NAM	AND ADDRESS OF FA	CILITY		
	1	MERCE	- 1			RAL HOME ISON ST.		
	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE	OF):				
		d						
	PART II. Other significant condition	one contributing to desti	but not resulting	in the underl	ring cause given in	Part I. 24a. WAS AN PERFOF	MED?	24b. WERE AUTOPSY FINDR AMAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL			2/				
1		HOODITAL			PLACE OF DEATH (Ch	eck only one)		
	EXAMINER? 1 YES 2 MO	HOSPITAL: 1 Inpatient 2 ER/O	utpatient 3 DOA	OTHER:	One 5 Residence			Vince 1
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending	1 Inpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Year	Y 28b. T	OTHER: 4 Nursing			NJURY OCCUI	RED
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/O	Y 28b. Ti	OTHER: 4 Nursing ME DF NJURY M 1	Iome 5 Residence INJURY AT WORK? YES 2 ND	8 Other (Specify)	and Number or	
	27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER Check only 1 CERTIFYING PHY	1 Inpetient 2 ER/O 28e. DATE OF INJUR (Month, Day, Year 28e. PLACE OF INJU building, etc. (S)	PY 28b. Ti	OTHER: 4 Nursing ME DF 28c. NJURY M 1 , street, factory, o	Iome 5 Residence INJURY AT WORK? YES 2 ND ffice sete and place, and due	8 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(e) and mai	and Number or	Rural Route Number,
1	27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER Check only 1 CERTIFYING PHY	28e. PLACE OF INJUR 28e. PLACE OF INJUB building, etc. (S) SICIAN: To the best of my kn	PY 28b. Ti	OTHER: 4 Nursing ME DF 28c. NJURY M 1 , street, factory, o	Iome 5 Residence INJURY AT WORK? YES 2 ND ffice sete and place, and due	8 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(e) end mei time, date end place, an	and Number or	Rural Route Number,
	EXAMINER? 1 YES 2 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINATION	28e. DATE OF INJUR 28e. DATE OF INJUR (Month, Day, Year 28e. PLACE OF INJU 28e. PLACE OF INJU building, etc. (S) SICIAN: To the best of my kn dER: On the best of examine	PY 28b. Till RY — At home, farm pocify) owledge, death occu tion end/or investigat	OTHER: 4 Nursing ME DF NJURY M 1 , street, factory, of the time, litin, in my opinion ope, Print)	INJURY AT WORK? YES 2 ND Hitce Interest of the course o	8 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(e) end mei time, date end place, an	nner as stated did due to the C	Rural Route Number, Deuse(e) and manner as state BIGNED (Month, Day, Year)

BALTIMORE, MARYLAND 21215-0020



1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF				MENTAL HYGIEN REG. NO	_	
1. DECEOENT'S NAME (First, Middle, Last)				JI DEA		2. DATE OF DEATH		3. TIME OF DEATH
Harry		Sa	doff			August 3	0 19	54 4:25 a M
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
222-14-5681	1XM2 F 6	9 YRS.	- 16			APR.17,1	Y	DELAWARE
9s. FACILITY NAME (If not institution, give	,		96. CITY, TO	WN OR LOCAT	ION OF DE	ATH	9c. COUNTY	
MEMORIAL HOS	PITAL		EA	STON			TAI	BOT
10e. STATE 10b. COUNT	TY	10c. CIT	Y, TOWN OR L	OCATION				10d. INSIDE CITY LIMITS?
MARYLAND TA	LBOT		EASTO	_				1 TES 2 NO
28182 OAKLAN	מגסק פת			10f. ZIP COD	[∉] 216	.01	I	N OF WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS	DECENOENT		IC ORIGIN? (Specify Yes		. RACE — American Indian,
1 Never Merried 2 AMerried	FORCES? 1 XYES	2 NO	If ye 1 □	s, specify Cub YES 2 XNO	en, Mexicen Specify:	n, Puerto Rican, etc.)		Black, While, etc. Specify:
3 Widowed 4 Divorced	1							WHITE
ts. DECEDENT'S EDI (Specify only highest grad	e completed)	18e. DECEDENT'S (Give kind of life. Do NOT us	work done durin	PATION og most of worki	ing	16b. KINO OF BU	SINESS/INDUS	TRY
Elementery/Secondery (0-12)	College (1-4 or 5+)	LAWY				LEGAL	PROFI	RSSTON
17. FATHER'S NAME (First, Middle, Last)				18. MOT	HER'S NAM	ME (First, Middle, Maiden		BBION
BENJAMIN SADO	FF			MOL	LIE	SHUSTER		
19e. INFORMANT'S NAME (Type/Print)						oute Number, City or Tow		,
GILDA L. SADO					S RD	., EASTC		
20a METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Ren		b. PLACE AND OATE on alary, cramatory or o	ther place)	-				y or Town, State
4 Donetion 5 Other (Specify)		XFORD C		E ANO AOORE	SS OF FAC		PORD,	MD.
WELD	100	055	K			ERAL HOMI	•	
23. PART I. Entar the diseases, or	complications that cause	d the death. Do				RISON ST.		
ahock, or heart failure.	List only one cause on	each ilna.	TOT BITTER THE	i ilioda or dy	nig, such	a cardiac or raapi	ratory arrea	intarval Batween
IMMEDIATE CAUSE (Final disease or condition	C	lus	lin	utal	2			Onset and Death
resulting in death)	DUE TO (OR AS	A CONSEQUENCE O	95				1	
Sequantially list conditions,	· sev	er 6	our	ay	an	peroze	les	years
If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF	n.	61	1	1 2	-	
CAUSE (Disease or injury that initiated events	our of ton 48	CONSEQUENCE OF	ac	M	ero	neroc	~	
resulting in death) LAST	· VRRC	10 11	4					
PART II. Other algoritieant condition	ns contributing to death i	out not resulting	in the under	tvino cause	alves in E	Part I. 24e, WAS AN	AUTOBOV	24b, WERE AUTOPSY FINDINGS
Marke	to Mes	11.7		Den		PERFOR	IMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Face	un l	reen	-	7	1	1 🗆 YES 2	NO	DF DEATH?
DID TOBACCO USE CONT	RIBUTE TO CAUSE O	OF DEATH	5 NC	Ū UNO	ERTAIN			1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEA	TH (Check only					
1 YES 2 NO	HOSPITAL: 1 Ninpetlent 2 ☐ ER/Out	petient 3 🗆 DOA	OTHER: 4 Nursing	Home 5 🗆 R	esidence 8	B ☐ Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b, TIM INJ	IURY	. INJURY AT WORK?	- 1	28d. DESCRIBE HOW I	NJURY OCCUP	REO
2 Accident Investigation	280 DI ACE OF IN HIE	f At heart from 1		YES 2				
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	cify)	mrest, rectory,	опісе		281. LOCATION (Street a City or Town, State)	ind Number or	Rural Route Number,
29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	deden dorth one	and and other states	data a data a				
								euse(s) end menner es atated.
29b. SIGNATURE AND TITLE OF CERTIFIE					ENSE NUMI			IGNED (Month, Day, Year)
Jerry 11	Detru	ch N			28 1	7	D 8.	3-94
30. NAME AND ADDRESS OF PERSON WI			Print)	9-100		Cm 123	CIDOM	MD
TERRY P. DET	RICH, M.D.	, 140	5. W.	72HTM	TON	ST., EA	STUN,	MD
31, DATE-FILED (MORIN ON) YAPT)	32/NEGIGERANO-CON	13 4 10 1						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician, DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trailist be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

AUG 31 1994

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DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		FOR
1		STATE
	_	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, La MARGARET		CERTIFI			REG. NO.				
	OLDS		TRAHL		2. DATE OF DEATH DON'TH 08 29				
4. SOCIAL SECURITY NUMBER 098-36-2112		E (In yrs. last birthday) 77 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JUNE 23,	Co	RTHPLACE (State or Foreign country) EW YORK		
90. FACILITY NAME (If not institution, gi	L MANOR		96. CITY, TOWN OR LOCATION OF DEATH EASTON				9c. COUNTY OF DEATH TALBOT		
		10c. CITY	10c. CITY, TOWN OR LOCATION EASTON				16d. INSIDE CITY LIMITS? 1 □ YESXXX NO		
Toe. STREET AND NUMBER 27922 GLEBE 11. MARITAL STATUS 1 Name Married 2 Married	ROAD		101	2160	1	10g. CITIZEN O	OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed XXDivorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR			cify Cuben, Mexic	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) fy:		14. RACE — American Indian, Black, White, etc. Specify: WHITE		
15. DECEDENT'S 8 (Specify only highest gr	EDUCATION rade completed)	16a. DECEDENT'S L	JSUAL OCCUPATION ork done during monoratived.)	N st of working	16b. KIND OF BUS	SINESS/INDUSTR	r .		
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	PSYCHIA			MED	ICAL			
17. FATHER'S NAME (First, Middle, Last) GEORGE DANIEL					AME (First, Middle, Maiden ARET ATW	,			
199. INFORMANT'S NAME (Type/Print) STUART D. STR	AHL	P.O.			ASTON, MD				
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 R 4 Donatton 5 Other (Specify)		0b. PLACE AND DATE Of emetery, cremetory or other	ner place)			CATION — City of	and the same and the same and		
21. SIGNATURE OF FUHERAL SERVICE	t Physpin	CFSP	NEWN	AM FUNI		, P.A.			
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE OF	lone	7 lo	t an	inn	in I week		
	cherry	but not reaulting in	the underlying		Part I. 24s. WAS AN PERFOR				
PART II. Other algorificant conditions	is diseases		den	ntia	1 🗆 YES 2	NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
5 Hizhermen	L		den 6	ACE OF DEATH (C		МО	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINERTY 1 YES 27 NO 27. MANNER OF DEATH		utpatient 3 DOA	28. PL OTHER: OF Nursing Hom OF 28c. INJ JRY WO	ACE OF DEATH (C			AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 2 Accident 3 Suicide 8 Could not determine determined.	L HOSPITAL: 1 Inpatient 2 EN/Or 28s. DATE OF INJUR (Month, Day, Year be Date of Injur be Date of Inj	utpetient 3 DOA Y 28b. TIME INJU	28. PL OTHER: OF Nursing Hom OF 28c. INJ INY M 1 1	ACE OF DEATH (C	teck only one) 8 Other (Specify)	NJURY OCCURE	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 25 NO 27. MANNER OF DEATH 2 Actural 5 Pending Investigation 3 Suicide 8 Could not determine determined.	L HOSPITAL: 1 Inpatient 2 EN/Or 28s. DATE OF INJUR (Month, Day, Year be Date of Injur be Date of Inj	utpstient 3 DOA Y 28b. TIME INJU RY — Al home, ferm, st pecify) owledge, death occurrent	26. PL OTHER: OF Nursing Hom OF 28c. INJ RY M 1 1	ACE OF DEATH (C 5 Residence URY AT RK? /ES 2 NO end place, end du	about the course of the course	NJURY OCCURE	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER/O 28e. DATE OF INJUR (Month, Day, Year 28e. PLACE OF INJUR be dd 28e. PLACE OF INJUR building, etc. (S) HYSICIAN: To the best of my known in the base of examinar IFIER	utpatient 3 DOA Y 28b. TIME INJU RY — All home, ferm, st pecify) owledge, death occurre- tion entifor investigation	26. PL OTHER: OF Nursing Hom OF 25c. INJ RY M 1 1 Vereet, fectory, office d at the time, date n, in my opinion, d	ACE OF DEATH (C 5 Residence URY AT RK? /ES 2 NO end place, end du	a Describe How in the Color of Town, State in the cause(e) and mare allime, date and place, and	NJURY OCCURE	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER/O 28e. DATE OF INJUR (Month, Day, Year 28e. PLACE OF INJUR be dd 28e. PLACE OF INJUR building, etc. (S) HYSICIAN: To the best of my known in the base of examinar IFIER	utpetient 3 DOA Y 28b. TiMe INJU RY — Al home, ferm, st pecify) owledge, deeth occurred tion englor investigation DEATH (ITEM 27) (Type,	26. PL OTHER: OF Nursing Hom OF 25c. INJ RY M 1 1 Vereet, fectory, office d at the time, date n, in my opinion, d	ACE OF DEATH (C 5 Residence URY AT RK? (ES 2 NO end place, end du eath occured at live	a Describe How in the Color of Town, State in the cause(e) and mare allime, date and place, and	NJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Note of the control		

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

OF HEALTH AND MENTAL LIVERNE

1. DECEDENT'S NAME (First, Middle, Las	1's NAME (First, Middle, Lest) Levery Smith					3. TIME OF DEATH 9:39 a. N		
4. SOCIAL SECURITY NUMBER 219-01-5042	5. SEX 6. A	GE (in yrs. last birthday) 76 YRS.	F UNDER 1 YEA		Sept. 1º 7. DATE OF BIRTH 6/25/18		a. BIRTHPLACE (State or Foreign Country) Maryland	
98. FACILITY NAME (If not institution, glad Carroll Count RESIDENCE OF DECEDENT	The state of the s	spital		N OR LOCATION OF D minster			erroll	
10a, STATE 10b, COUN	rroll	10c. Cr	ry, town on Lo lanches	ter			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
3248 Chestnu	t Street			21102		10g. CITI	ZEN OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV. FORCES? 1 1 1 IF YES, GIVE WAR C	res 2 XNO	If yes,	epecify Cuban, Mexic ES 2 1 10 Spec	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	a or No—	14. RACE — American Indian, Black, Whila, alc. Specify: White	
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5 +)	16a. DECEDENT' (Give kind of life. Do NOT	S USUAL OCCUP! I work done during use retired.)	ATION most of working	Dept.		ustav Motor Vehicl	
19a. INFORMANT'S NAME (Type/Print) Mrs. Ruthetta	M. Smith	19b. MAILIN 324	d Ches	et and Number or Rural	· , Manch	vn, State, Zip ester	, Md. 21102	
20a. METHOD OF DISPOSITION 1 Description Method Description Descri	moval from State	20b. PLACE AND DATE	EOFDISPOSITION	(Name of Cemete	ry 9/17/9	CATION —	ack Rock, Pe	
21. SIGNATURE OF FUNERAL SERVICE	Ella D	b			Funeral (
IMMEDIATE CAUSE (Final	e. List only one cause of	n each iine.	not enter the	mode of dying, su	ch aa cardiec or resp	eiratory arr	est, Approximata interval Between	
shock, or heart failure	a. He TO (OR DUE TO (OR DUE TO (OR CREATE TO COR)	AS A CONSEQUENCE OF AS A C	orp: OF): OF): OF): OF):	mode of dying, su	en ed J	eiratory arr	est, Approximata interval Between	
shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significent conditions.	a. Heary DUE TO (OR. Percel DUE TO (OR. Percel DUE TO (OR. DUE TO (OR. DUE TO (OR. DUE TO (OR. DUE TO (OR.)	AS A CONSEQUENCE OF AS A C	orp: Orp: Orp: Orp: Orp: Orp: Lin	Report of dying, su	en ed J	A AUTOPSY RIMED?	Approximata interval Betwee Onset and Decomposition 2 3000	
shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions of the condition of the cond	a. DUE TO (OR DUE TO (AS A CONSEQUENCE OF AS A C	orp: Orp:	Report of dying, su	Ch as cardiec or respondence of the control of the	A AUTOPSY RIMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending	a. DUE TO (OR. DUE TO (OR. C. DUE TO (OR. DUE TO (OR. DUE TO (OR. DUE TO (OR. d. D. DUE TO (OR. d.	AS A CONSEQUENCE OF AS A CONSEQUENCE OF	orp: OF): OF): OF): OF): OF): OF): OF): OF): OF): ME OF A OF 28c. NUMPY 28c. NUMPY 28c.	PLACE OF DEATH (C)	Pert i. 24a, WAS AN PERFO	A AUTOPSY RIMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
shock, or heart failure immediate cause condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions in the condition of the condit	a. DUE TO (OR. d.	AS A CONSEQUENCE OF AS A C	orp: OF): ME OF JUHY M 1 [PLACE OF DEATH (COMMUNICATION AT WORK?	Pert i. 24a, WAS AN PERFO 1 YES :	NAUTOPSY RIMED? 2 PANO INJURY OCC	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO	
shock, or heart failure immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions in the condition of the con	a. DUE TO (OR DUE TO (AS A CONSEQUENCE OF AS A C	oF): 28 OTHER: 4 Nursing ME OF NJURY M 1, street, factory, o	PLACE OF DEATH (COME 5 Residence INJURY AT WORK? YES 2 NO	Part I. 24a, WAS AN PERFO 1 YES: 1 Other (Specify) 26d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State	NAUTOPSY RMED? 2 PMO INJURY OCC and Number	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
shock, or heart failure immediate classes or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions in the condition of the c	a. DUE TO (OR. DUE TO (OR. C. POLL) DUE TO (OR. DUE TO (OR. C. DU	AS A CONSEQUENCE OF AS A CONSEQUENCE OF	orp: OF): OF):	PLACE OF DEATH (COME 5 Residence INJURY AT WORK? YES 2 NO	Part I. 24a. WAS AN PERFO 1 U YES: 1 Part I. 24a. WAS AN PERFO 1 U YES: 26d. DESCRIBE HOW 28f. LOCATION (Street City or Yown, State of the cause(e) and main or lime, data and place, as	AUTOPSY RMED? 2 DNO INJURY OCCURRED AND AUTOPSY RMED? 2 DNO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	

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BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN! The law requires that the death certificate be executed with hours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner r
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

,					11 IL U	r DEATH	REG. NO			
L	DECEDENT'S NAME (First, Middle, Last) MANDY LYNN S	SMITH					2. DATE OF DEATH ANONTH 29 D	3. TIME OF DEA 8:45		
4. S	SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last	birthday) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRTHPLACE (State or I	oreign
- 1	217-04-0069 FACILITY NAME (If not institution, give st	YRS.	MONTHS DAYS HOURS MIN. (Month, Day, Year) APR. 21, 1979 MARYI							
- 18	THOUSE IT TO WARREN , give si	real and number)		90.	CITY, TOWN	N OR LOCATION OF D	EATH	9c. COUN	TY OF DEATH	
	UNIVERSITY HOS	SPITAL		B	ALTI	MORE		BA	LTIMORE	
10a.	a. STATE 10b. COUNTY	*		10c. CITY, TO	WN OR LOC	CATION			10d, INSIDE CIT	Υ
	MARYLAND CARO	DLINE		FED		SBURG			1 YES 2	(NO
₹ 10e.	. STREET AND NUMBER				- 1	10f. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?	
10e.	6628-2 ELDORA	ADO ROAD				21632		U	JSA	
5 11.1	MARITAL STATUS	12. WAS DECEDENT EV			13. WAS D	ECENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No-	14. RACE — American Ind Black, White, atc.	len,
	Never Married 2 Married	FORCES? 1	OR DATES	' [specify Cuban, Maxica ES 2 XNO Specif			Black, White, atc. Specify:	
3 🗆	☐ Widowed 4 ☐ Divorced					LO I MIO OPPOR	,.		WHITE	
	15. DECEDENT'S EDUC	CATION	16a, DEC	EDENT'S USUA	AL OCCUPA	TION	16b, KIND OF BU	SINESS/INDL	USTRY	
OWN IN THE LEGIS	(Specify only highest grade		(G/v	e kind of work of Do NOT use retir	ione durina i	most of working				
2	Elementary/Secondary (0-12)	College (1-4 or 5+)		STUD	ENT					
2				DIOD		_				
3 17. 1	FATHER'S NAME (First, Middle, Last)	ONTEST -	ъ				ME (First, Middle, Maiden	,		
L L	HAROLD EUGENE	SMITH, J	K.			MARS	HA LEE WA	TLLS		
190.	n. INFORMANT'S NAME (Type/Print) MARSHA L. HEN	INESSEY					Poute Number, City or Tow		SURG, MD	2163
200	METHOD OF DISPOSITION ABurial 2 Cremation 3 Rema		20b. PLACE AF	D DATE OF DIS	POSITION	Nama of	DATE 20c. LO	CATION — C	City or Town, State	
12	XBurial 2 ☐ Cremation 3 ☐ Remo	oval from State	cemetery, crem	atory or other pi	ace)					
	SIGNATURE OF FUNERAL SERVICE LIC	ENGEE	CHEST	ERFTE		EMETERY		ITREV	TILLE, MD	
	. SIGNATURE OF PURELIAL SERVICE EIG	ENGEE				AND ADDRESS OF FA		. D	7	
	JOHN R.	MERCE	200	CEC	NEW 200	NAM FUN	ERAL HOME	5, P.	ASTON. MD	
23.	3. PART i. Entar tha diseases, pro	omplications that ca	usad tha dea	th. Do not e	nter tha n	node of dving, auc	h as cardiac or reap	ratory arre	est, Approxim	nata
J	shock, or heart failure.	List only ona cause	on each lina.					,	intarval I	Batween
	IMEDIATE CAUSE (Final sease or condition	D		n h	4				Onset an	d Daath
	soliting in death)	a. Dri	Ain l	MALL					100000	
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) Se	equentially list conditions, any, leading to immediate	DUE 10 (0R	AS A CONSEQU	MINCE OF						
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if a cau	AUSE (Disease or Injury	DUE TO (OR	AS A CONSEOL	JENCE OF):					11.	no
CA tha		DUE TO (OR	AS A CONSEOL	JENCE OF):					1	no
if a cau	AUSE (Disease or Injury at Initiated events	DUE TO (OR	AS A CONSEOL	JENCE OF):					//	no
	AUSE (Disease or Injury at Initiated events	d			a underly	ing causa given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY	
	AUSE (Disease or Injury at Initiated events southing in death) LAST	d			a underly	ing causa given in	PERFOR	RMED?	24b. WERE AUTOPSY AVAILABLE PRIOR	FINDINGS
	AUSE (Disease or Injury at Initiated events suiting in death) LAST	d			a underly	ing causa given in		RMED?	24b. WERE AUTOPSY	FINDINGS
PA PA	AUSE (Disease or Injury at Initiated events southing in death) LAST	d			a underly	ing causa given in	PERFOR	RMED?	24b. WERE AUTOPSY AVAILABLE PRIOI COMPLETION DF	FINDINGS 1 TO CAUSE
PA'	AUSE (Disease or Injury at Initiated events suiting in death) LAST ART II. Other significant condition Liver Fauluse	d. s contributing to dea	ath but not re	sulting in th			PERFOR	RMED?	24b. WERE AUTOPSY AVAILABLE PRIOR COMPLETION DF OF DEATH?	FINDINGS 1 TO CAUSE
CAL	AUSE (Disease or Injury at Initiated events suiting in death) LAST ART II. Other significant condition Liver Francisco DID TOBACCO USE WAS CASE REFERRED TO MEDICAL	d. s contributing to dea	ath but not re	sulting in th	DEATH	YES N	PERFOR	RMED?	24b. WERE AUTOPSY AVAILABLE PRIOR COMPLETION DF OF DEATH?	FINDINGS 1 TO CAUSE
PA'	AUSE (Disease or Injury at Initiated events suiting in death) LAST ART II. Other significant condition Liver Fanlusc DID TOBACCO USE	contributing to dea	TO CAU	SE OF I	26.	YES N	PERFOR	RMED?	24b. WERE AUTOPSY AVAILABLE PRIOR COMPLETION DF OF DEATH?	FINDINGS 1 TO CAUSE
PA'	AUSE (Disease or Injury at Initiated events suiting in death) LAST ART II. Other significant condition Liver Finitum DID TOBACCO USE WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	CONTRIBUTE HOSPITAL: 1 Unitipatient 2 ER	TO CAU	SE OF L	DEATH 26. HER: Nursing H	YES N	PERFOR	RMED?	24b. WERE AUTOPSY AWAILABLE PRIOR COMPLETION DF OF DEATH? 1 YES 2	FINDINGS 1 TO CAUSE
PA 25. 25. 27.1	AUSE (Disease or Injury at Initiated events suiting in death) LAST ART II. Other significant condition Liver Frolliage DID TOBACCO USE WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH	contributing to dea	TO CAU	SE OF I	26. HER: Nursing H	YES N	PERFOR	RMED?	24b. WERE AUTOPSY AWAILABLE PRIOR COMPLETION DF OF DEATH? 1 YES 2	FINDINGS 1 TO CAUSE
PA 25.	AUSE (Disease or Injury at Initiated events suiting in death) LAST ART II. Other significant condition Liver Finitum DID TOBACCO USE WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	CONTRIBUTE HOSPITAL: 1 1 In fingulant 2 ER	TO CAU	SE OF L DOA OT DOA 4 28b. TIME OF	26. HER: Nursing H	YES N	PERFOR	RMED?	24b. WERE AUTOPSY AWAILABLE PRIOR COMPLETION DF OF DEATH? 1 YES 2	FINDINGS 1 TO CAUSE
PA 25. 1	AUSE (Disease or Injury at Initiated events suiting in death) LAST ART II. Other significant condition Liver Farlusce DID TOBACCO USE WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Metural 5 Pending	CONTRIBUTE HOSPITAL: 1 Diffipation 2 ER 28e. DATE OF INJ 28e. PLACE OF IN	TO CAU	SE OF I	DEATH 26. HER: Nursing H	YES N PLACE OF DEATH (Ch ome 5 Residence NJURY AT WORK? YES 2 NO	PERFOR 1 LYES 2 O CHAPTER 2 eck only one) 5 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street	NJURY OCC	24b. WERE AUTOPSY AVAILABLE PRIOR COMPLETION DF OF DEATH? 1 YES 2	FINDINGS 1 TO CAUSE
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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

or attending physic	r use as the burial		
ned by the hospital	puld be detached to	led at once.	
Page 6 may be retail	director, page 5 sh	er must be notil	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, maps is should be permissioned for use as the human part within 20 hours after death with the Chair David of March Human Human Human Promotion of removal	De lind within 12 Hours are used in the blate begit, or result and mental rygens prior to begin the medical examiner must be medified at once. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be medified at once.	-
be executed with	ian and completely is	aumatic event, th	
he death certificate	the attending physic	njury, or other tr	
e law requires that t	has been signed by	1 23 shows any i	
ING PHYSICIAN: Th	After this certificate	marked, or item	
SPITAL OR ATTEND	VERAL DIRECTOR: A	VT: If item 28 is	
TO THE HO	TO THE FU!	MPORTA	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)				DEATH	2. DATE OF DEATH		3. TIME OF DEATH	
- 1	Herman Seney					9 12	9 4	9:38P m	
- 8	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRT	HPLACE (State or Foreign	
ì	220262049 9a. FACILITY NAME (If not institution, give s	1 M 2 F	64 YRS.	DAYS DAYS	HOURS MIN.	(Month, Dey, Year) 5 10 30	Ma Ma 9c. COUNTY OF	ryland	
FUNERAL DIRECTOR	Perry Point VA	Med. Cent	er	Perry	Point,	Md.	Cecil		
REC	10e. STATE 10b. COUNT	Υ	10c. CITY, T	OWN OR LOCATI	ON			10d. INSIDE CITY LIMITS?	
ā		EN ANNES	CE	NTREVIL	LE			1 N YES 2 □ NO	
RAL	10e. STREET AND NUMBER			10.40	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
NE NE	314 LITTLE KIDWE				1617		USA		
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO	If yes, spe		IC ORIGIN? (Specify Yaa n, Puarto Rican, etc.)	Bia	CE — American Indian, ock, Whita, aic.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	18a. DECEDENT'S US	UAL OCCUPATION	N .	16b. KIND OF BUS	INESS/INDUSTRY		
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	done during mos etired.)	t or working				
MP	9th		CONSTR	UCTION		HEAVY E	QUIPMEN'	Γ	
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	WE (First, Middle, Maiden	Surname)		
8	DANIEL SENEY, S	SR.			MAGGIE				
2	19a. INFORMANT'S NAME (Type/Print)					loute Number, City or Town			
	GLORIA SENEY		PLACEAND DATE OF C					JERSY 08215	
	1) ○ XBurial 2 □ Crametion 3 □ Rem 4 □ Donation 5 □ Other (Specify)	oval from State	natary cramatory or other	placel		EPT. 16,19	CATION — City or 1	· ·	
	21. SIGNATURE OF FUNERAL SERVICE LI		AKILAND VI	22. NAME AN	D ADDRESS OF FAC	BENNIE 7, EASTON,	SMITH F	UNERAL SERV.	
	X09111 70 F	Tryce						ND 21601	
	IMMEDIATE CAUSE (Final	a. Sepsis	ach lina.	arrei (la moc	a Di Gyrig, addi	r an cardiac or respi	atory arrest,	Approximata Interval Batween Onset and Daath	
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	Methicilling	n Resistin CONSEQUENCE OF):	g Staph	aureus				
ERTIF	that initiated events resulting in death) LAST	d	CONSEQUENCE OF):						
	PART ii. Other significant condition	ns contributing to death b	out not resulting in t	the undariying	causa givan in i	Part I. 24a, WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ž									
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;		26. PL/	ACE OF DEATH (Che	ck only one)			
YSI	1 VES 2 NO	Inputient 2 - ER/Out	petient 3 DOA 4	☐ Nursing Home	5 Rasidenca				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O INJUR	Y WOF		28d. DEŞCRIBE HOW IN	d. DEŞCRIBE HOW INJURY OCCURED		
	3 Suicide s Could not be datarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
COMPLETED		ICIAN: To the best of my know						(a) and manner ea stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE Richard Freema	100. Las Co	~~		29c. LICENSE NUM	BER	29d. DATE SIGNE	D (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WI		ATH (ITEM 27) (Type, Pri	int)			-//		
	RICHARD FREEMAN,		ical Cente		y Point	, MD 2190	2		
	SEP 15 1994	Terra was doon A							

FOR

1	STATE REGISTRAR		SIAIE OF MA					DEATH			REG. NO.				
į,	1. DECEDENT'S NAME (First, Mi	DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH				3. TIME OF DEATH	
	DR. GABRIEL ALEXANDER SCH					HWARZ				SEPT.8,1994				7:20 A	Мм
	4. SOCIAL SECURITY NUMBER	The first property is property and in property and				IF UNDER 24 H	IRS.	7. DATE OF	BIRTH		8. BIRTH	IPLACE (State or Fore	sign		
	207-16-397	4	1 XM 2 □ F	85	YRS.	MONTHS	DAY8	HOURS MI	^{m.} 2	NUG.	ľ8°, 19	09	PEN	NSYLVAN	IA
	9a. FACILITY NAME (If not institu	ution, give stre	et and number)			9b. CITY,	TOWN 0	R LOCATION C	OF DEAT	TH		9c. COU	NTY OF D	EATH	
DIRECTOR	MEMORIAL HO		'AL			I	EAS'	CON				T	ALB	OT	
ទួ [RESIDENCE OF DECE	DENT 0b. COUNTY			40 - 017	Y, TOWN O									
Ĭ		SARAS	COTTA			IOKON		ION						10d, INSIDE CITY	
	10e. STREET AND NUMBER	SAIVAS	OIA			OKOI		ZIP CODE						1X YES 2 N	10
FUNERAL	195 INLETS	BLVD).				101.	3427	5			-	SA	VHAT COUNTRY?	
B A	11. MARITAL STATUS 1 Never Married 2 Ma 3 Widowed 4 Divorce	rried	12. WAS DECEDENT E FORCES? 1	YES 2 XN		- 11	yes, spe	ENDENT OF HI belty Cuban, Mi 2 NO S	axican,	ORIGIN? (Puerto Ric	Specify Yea o	or No—	14. RACE Black Speci	E — American Indian k, White, etc.	
	15, DECEDI (Specify only hi	ENT'S EDUCA		16a. DEC	EDENT'S	USUAL OC	CUPATIO	N st of working		16b. K	IND OF BUSI	NESS/INC	USTRY		
COMPLET	Elementary/Secondary (0-12		College (1-4 or 5+)	life.	Do NOT u	se retired.)	uring mos	st or working							
2	12		5+	DOC	CTOF	3				MEI	DICIN	IE/N	EUR	OLOGY	
3	17, FATHER'S NAME (First, Middle	,,						18. MOTHER'S							
# F	RALPH SCHW								_		ARLES				
2	19a. INFORMANT'S NAME (Type MURIEL DEL				MAILING			BLVD						75	
	20a, METHOD OF DISPOSITION			20b. PLACE A		OF DISPOSI	TION (Na	me of		DATE	_				
	1 ☐ Burial 2 X Cremation 4 ☐ Donation 5 ☐ Other (Sc		ral from Stata	SALIS	BUE	ther place!	REM	ATORY	9	-9			,	MARYLA	ND
	21. SIGNATURE OF FUNERAL S	SERVICE LICE	NSEE					D ADDRESS O							
)				1			AM FU			-				
-	23. PART I. Enter the dise		MERC	FROM		20	00 :	S. HA	RRJ	LSON	ST.,	EA	STO	N, MD 2	
- 1	shock, or haar	rt failure. Li	at only one cause	on aach lina.	itii. 50 i	not anter	tha mo	a or dying,	sucn	as cardia	c or reapire	etory an	ast,	Approximat Interval Bet	tween
1	IMMEDIATE CAUSE (Final disease or condition		0-24	RAS A CONSEQUENCE OF:						Onset and	Death				
	resulting in death)	a.	DUE TO (OF	AS A CONSEC	UENCE O	E:	and	, DVASC	10	NU	1/61/1			(hather)	101-
	DUE TO (OH AS A CONSEQUENCE OF):														
2	Sequentially list conditions, If any, leading to immediate Due to (or as a consequence of):														
3	If any, leading to immediate cause. Enter UNDERLYING														
	that initiated events		DUE TO (OF	AS A CONSEC	UENCE O	F):									
CENTIFICATION	resulting in death) LAST	d.													
- 11	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS														
5		than significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMEO?							24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE						
										- 1	YES 2	NO		OF DEATH?	USE
										_				1 - YES 2 - 10	5
	25. WAS CASE REFERRED TO N	arnica. I													
3	EXAMINER?	ī	HOSPITAL:			OTHER	_	ACE OF DEATH	H (Checi	k only one)					
FITSICIAN: MEDICAL	1 YES 2 NO	1	1 Inpatient 2 EF			-			_	6 Other (Specify)					
	1 Natural 5 Per	nding	(Month, Day,		28b. TIM IN,	ÜRY		RK?		28d. DEŞCF	HBE HOW IN	JURY OC	CURED		
	E _ NOTIONELLE	estigation	28a. PLACE OF IN	HIRY — At hos	to form			ES 2 NO				4.00			
		uld not be armined	building, atc.	(Specify)	ve, renn,	onest, racio	ry, ornce		'	City or	Town, State)	a Number	or Hunsi F	Route Number,	
	29a. CERTIFIER (Check only (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.														
			On the basis of exem) and manner as etc	had
- 11	29b. SIGNATURE AND TITLE OF		7 /	1							piece, and				tou,
	JOHN STORES AND THEE OF	CERTIFIER	lutton	- no				29c. LICENSE	NUM8	ER ////	/	29d. DAT	SIGNED	(Month, Day, Year)	
s IL	30. NAME AND ADDRESS OF PI	FIRSON WILL	COMPLETED CALLES	DE DEATH	270.00	Bulgat		ע עריו	121	76	6	1	18,	199	
	Ludwig J.	Eg/.	seden I	I MI	> ,	606	Du	Tchm	w/	land	e for	170~	m	/2/60	/
	SFP 9 1	994	32 REGISTRAR'S	SIGNATURE	delle						11-				
	SER 01	JUT	1												

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with local cours after death. Page 6 may be retained by the hospital or attending physician TO THE FINEFAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlai-trained within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT, It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

SEP

DHMH-16 Rev 1/89

tipe of a state of

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

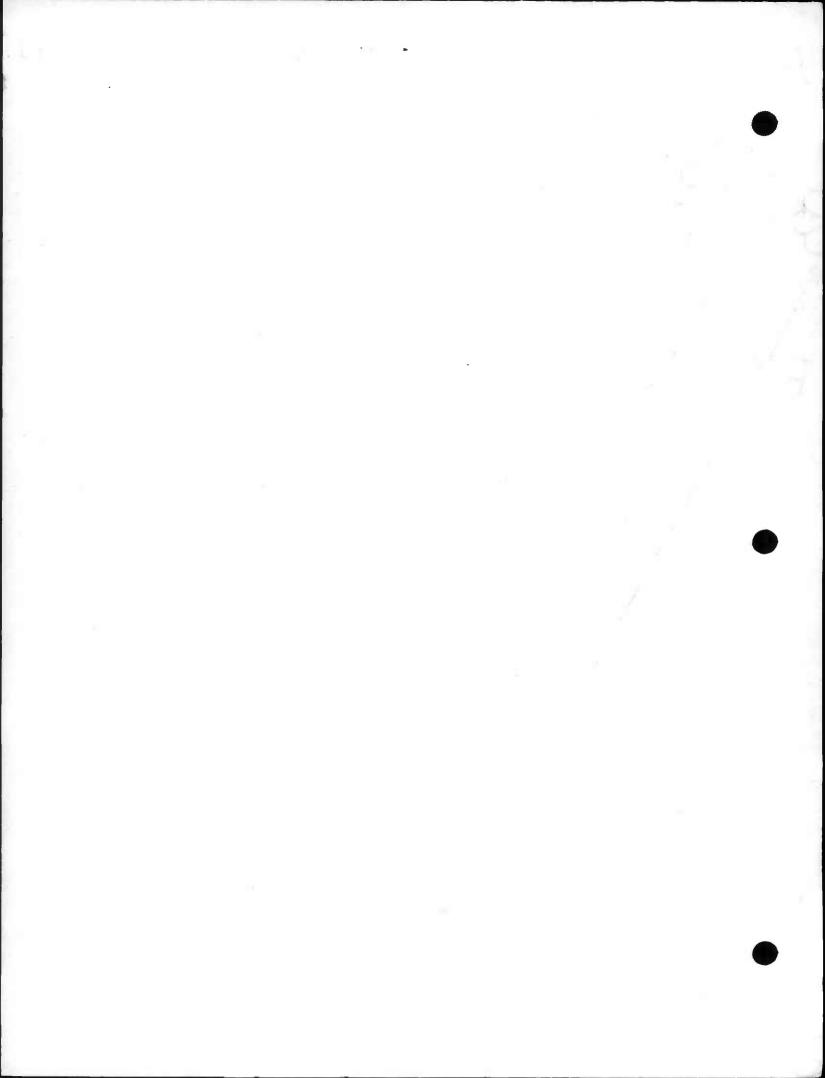
	1 - STATE REGISTRAR		CEF		ICATE (EATH	REG. I	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF OEATH
	LEWIS GEORGE EVE	LEWIS GEORGE EVERETT SMITH SEPT. 3.						1994	YEAR	м	
		CIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE						7. DATE OF BIRTH		8. BIRTI	IPLACE (State or Foreign
	218-30-2228	₩ 2 □ F	79	YRS.	MONTHS D	AYS H	OURS MIN.	(Month, Day, Year, JULY . 27		M A D	
	Sa. FACILITY NAME (If not institution, give street	and number)			9b. CITY, TO	WN OR I	LOCATION OF DE	ATH		INTY OF D	
0 E	417 SOUTH COMMERCE				CENT				OUE	EN A	NNES
ទួ	10a, STATE 10b, COUNTY		T ₁	t0c. CIT	Y, TOWN OR L	OCATION	v				10d, INSIDE CITY
DIRECTOR	MARYLAND QUEEN	ANNES			NTREVI		•				LIMITS?
FUNERAL	100. STREET AND NUMBER 417 SOUTH COMMERCE	ST.				-	P COOE		t0g. CIT		WHAT COUNTRY?
5	11. MARITAL STATUS 12	. WAS DECEDENT E	VER IN U.S. ARME	D	13. WAS	DECEN	DENT OF HISPAN	IC ORIGIN? (Specify	Yes or No-	USA 14. RAC	E American Indian.
B⊀	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 NO OR DATES		If ye	s, specif		n, Puerto Rican, etc.)		Blac	k, White, etc. i ^{iy:} BLACK
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION rodetect	16a. DECE	DENT'S	USUAL OCCU	PATION	ddla	16b. KIND OF	BUSINESS/IN	DUSTRY	
ᆈ		College (t-4 or 5+)	life. Do	NOT us	e retired.)	ng most o	r working				
린	4th		ger	nera	1 con	strı	ction	GENER	AL COI	NSTRI	ICTION
Š	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, Mak			
BE	JOHN A. SMITH						IDA A.	BROWN			
<u>ا</u>	t9a. INFORMANT'S NAME (Type/Print)		19b. A	AILING	ADDRESS (S	treet and		loute Number, City or	Town, State, Zi	p Code)	
۴	MARY ELLEN SMITH			+17	SOUTH	COM	MERCE S	ST., CENT	REVILI	E. N	Ф. 21617
	20s METHOO OF DISPOSITION 1 Description Method Removal	from State	20b. PLACE AND	DATE	OF DISPOSITIO	N (Name	of		LOCATION -		
	4 Donation 5 Other (Specify)		cemetery, crema CHEST	CERF	IELD	CEM.	SE	ERT. 7. 199	4 6er	itre	zille, Md
	21. SIGNATURE OF FUNERAL SELIVICE LICEN	DEEL					ADDRESS OF FAC	CILITY			
								I FUNERAL 37. EASTO			
ATION	23. PART I. Enfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory errest, encoding the filter. List only one cause on each line. Approximate intervel Between Onset end Desth of the condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
PHYSICIAN: MEDICAL		ANCYTORENDA 1 YES 2 PAR D								AMAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH?	
¥	25. WAS CASE REFERRED TO MEDICAL			-		28. PLAC	E OF DEATH (Che	ack only one)			
S		OSPITAL:	R/Outpatient 2 □	DO4	OTHER:		1 4				
Ä	27. MANNER OF DEATH	28a. DATE OF IN.		28b. TIM	7	c. INJUR	-	8 Other (Specify) 28d, DESCRIBE HO	W INJURY OF	CUBED	
	t Natural 5 Pending	(Month, Day,			URY	WORK	? 2 NO	2001 22001102 110		JOUNED	
BY	2 Accident Investigation	28a. PLACE OF II	NJURY — At home	, farm, ı				28f. LOCATION (Str.	eet and Numbe	er or Rumi	Bouts Number
	3 Suicide S Could not be determined S Could									noute Harmon,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C										a) and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	(2	9c. LICENSE NUN	IBER	29d. DA	TE SIGNE	(Month, Day, Year)
	2.1- Una	rek					D350	048	•	91	9/94
٥	30. NAME AND ADDRESS OF PERSON WHO C Dr. Eric F. Ciganek					Cent	rowill.	Md 21	617		11/
	31. DATE FILED (Month, Day, Year)	20 05010704016				cent	TEATTLE	; riu. Z1	017		
1	SEP 9 1994	ghelia.	Davidson-D	lande	02						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



	led at once.	
	or must be notif	
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al, cierrianon, u	event, the n	
are prior to bust	her traumatic	
no memai nygi	injury, or o	
EDI. OI MERIII A	23 shows any	
State D	r item 2	

2

Robert 31. DATE FILEO (Month, Day, Year)

SEP 1

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Davidson Revolatt

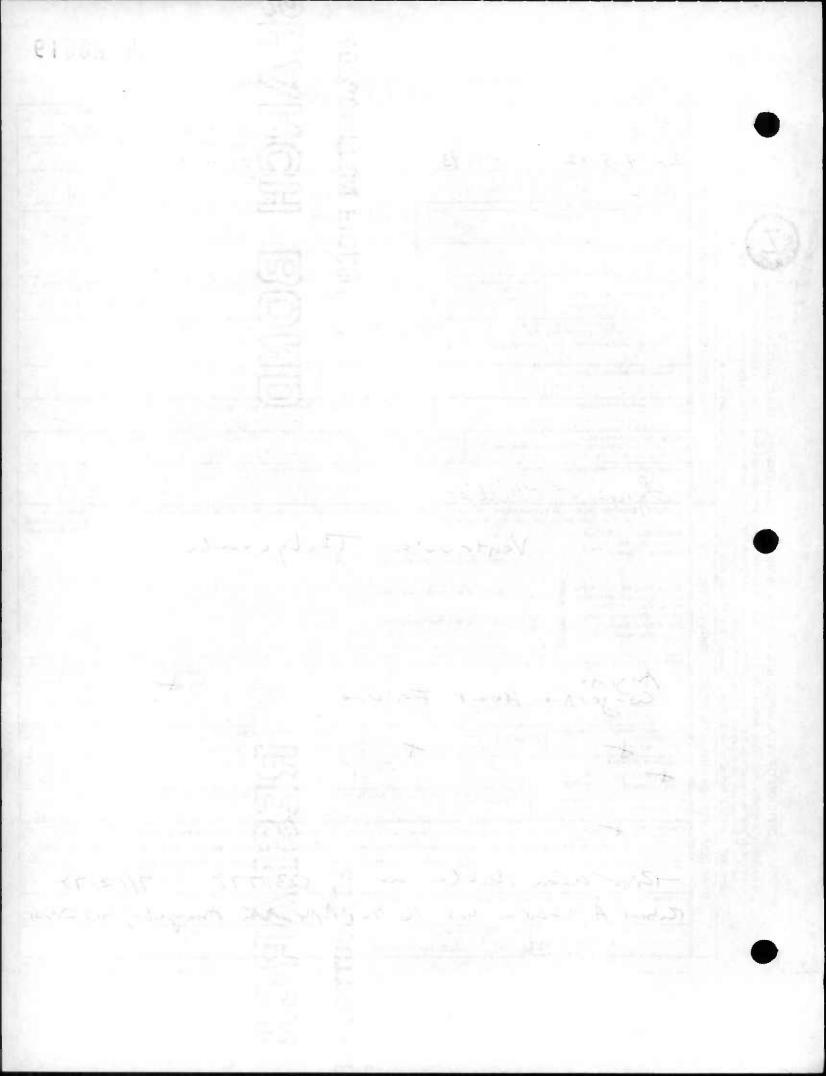
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6:05 AM CERTIFICATE OF DEATH 9-12-94 REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH (Hazel Elizabeth Smith) Hozel E. Smith 09 0405 8. AGE (In yrs. lest birthday) A SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 1 M 2 D 08-18-01 Maryland 9e. FACILITY NAME (If not institution, give Annapolis Anne Arundel AAMC Anne Arundel Medical Center DIRECTOR RESIDENCE OF DECEDENT 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY MD Anne Arundel Annapolis 1 X YES 2 NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1407 Poplar Avenue 21401 USA. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: White BY 3 Vidowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Elementary/Secondary (0-12) 3 Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Richard T. Wells Alice Phippons BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 506 Bayview Point Dr. Edgewater, Maryland 21037 Charlotte M. Grau 20s METHOD OF DISPOSITION

LN Surial 2

Cremation 3

Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE Cedar Bluff Cemetery 4 Donation 5 Other (Specify) 9/14/94 Annapolis, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Home 147 Duke of Gloucester St. Annapolis, MD 23. PART /. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdiec or respiratory errest, Approximate shock, or heart fallure. List only one cause on sech line Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) entricule DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditione, DUE TO JOR AS A CONSEQUENCE OF if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 YES AND OF DEATH? aluna 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 | Inpatient 2 | ER/Outpatient OOA 1 YES 2 NO ng Home 5 - Rasidence 6 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Natural M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) alla



Electric and a second		a.
BALTIMORE, MARYLAND 21215-0020	- hours after death. Page 6 may be retained by the hospital or attending physician	filled in by the funeral director, page 5 should be detached for use as the burnal-transit or
R.	пау ре	; page ;
MO	age 6 r	director
ALTI	death. F	funeral
8	after	by the
	nours	of in L
	1	1

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	EALTH AND I	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH
	JERROD SNOWDEN					SEPTEMBER	13.1994	6:52 A M
			n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. BIRTI Count	HPLACE (State or Foreign
		X3 M 2 □ F 35	YRS.			8 15 1959		ÝLAND
œ	9e. FACILITY NAME (If not institution, give stree				OR LOCATION OF DE		9c. COUNTY OF E	DEATN
DIRECTOR	THE JOHNS HOPKINS	HOSPITAL		RALIIN	ORE CITY			
H.	10a. STATE 10b. COUNTY			, TOWN OR LOCA	ION			10d. INSIDE CITY LIMITS?
		ARUNDEL	AN	NAPOLIS				1XXYES 2 NO
FUNERAL	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
N.	1452 TYLER AVENUE		1110 10000		21403		U.S.	
	1XX Never Married 2 Married	 WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA 	2 700	If yes, sp	ecify Cuban, Mexica	IIC ORIGIN? (Specify Yar n, Puarto Rican, atc.)	Blac	E — American Indian, k, Whife, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	NES.	T U YES	XX NO Specify	<i>t:</i>	Spec	ACK
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col	TION mpleted)	16a. DECEDENT'S (Give kind of w	USUAL OCCUPATION done during more retired.)	ON st of working	16b. KIND OF BU	SINESS/INDUSTRY	ALL
Ä		College (1-4 or 5 +)						
M	17. FATNER'S NAME (First, Middle, Last)		LAB	ORER	40 1407145010 144	***************************************		
	JAMES SNOWDEN					ME (First, Middle, Maiden	Surname)	
BE	19e. INFORMANT'S NAME (Type/Print)		196. MAILING	ADDRESS (Street a		Route Number, City or Tow	n, State, Zip Code)	
2	BARBARA SNOWDEN					APOLIS, MI		
	20a. METNOD OF DISPOSITION 1XXBuriel 2 Cremation 3 Remove		PLACE AND DATE C		me of	DATE 20c. LO	CATION — City or To	own, Stata
	4 Donation 5 Other (Specify)		NAPOLIS	MEM. GAI			NAPOLIS,	MD.
	-1				& SONS M	CILITY IORTUARY, I	P.A.	
	Lavy & Bees			821 WI	ST ST. A	NNAPOLIS,	MD. 2140	1
	23. PART I. Entar tha diseases, Dr con shock, Dr heart fellure. Lis	aplications that causad it only one ceuse on ea	tha daath. Do n ech iine.	ot enter the mo	da of dying, auci	h as cardiac or raspi	Iratory arreat,	Approximate Intervel Between
	iMMEDIATE CAUSE (Finei disease or condition	R .	-00					Onset and Deeth
ŀ	resulting in desth) e	DUE TO (OR AS A	CONSEQUENCE OF	515				24 hr
z		DUE TO (OR AS A			•			2 months
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate							2 months
걸	CAUSE (Disease or injury	- Jyng	CONSEQUENCE OF					& Morths
Ē	thet initieted evente resulting in death) LAST	שנא ושון שו שני	CONSEQUENCE OF):				
	d							
¥	PART II. Other aignificent conditions of	ontributing to death bu		7		PERFOR		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	ANGIGA SEC	1515, 1) 550	munteel	MYNA	scular (or	Jula 1 1 VES 2	□ NO	COMPLETION OF CAUSE DF DEATH?
Σ		emmarshay	DEATH NE					1 TYES 2 NO
AN	DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL		8. PLACE OF DEAT	S NO L	UNCERTAIN	<u> </u>		
Sic	EXAMINER?	OSPITAL:		OTHER:	• 5 🗆 Residence	8 Other (Specify)		
PHYSICIAN: MEDIC	27, MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	2Sb. TIME	OF 28c. INJ		28d. DEŞCRIBE HOW I	NJURY OCCURED	
BY	1 Natural 5 Pending Investigation			M 1 🗆	ES 2 ND			
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Speci	— At home, ferm, s	treet, factory, offic	'	281. LOCATION (Street a City or Town, State)	and Number or Rural I	Route Number,
	00.00					-		
COMPLETED	(Check only	N: To the best of my knowledge. On the basis of examination						. 55,6500 - 5,5650
	29b. SIGNATURE AND TITLE OF CERTIFIER	The same of examination	and/or investigation	i, in my opinion, a				
H	I A I R	L. MD			LO6		29d. DATE SIGNED	(Month, Day, Year)
2	30-NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)			1/1	5/99
	David E. WE	ENG 60	DN. W	olfes	+ Bala	more Mi	2120	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE					
	SEP 1 5 1994	Jalia Davides	or-Wardall					

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed writhin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

and the second s

1	-	FOR STATE REGISTRAR	
Γ	1. D	ECEDENT'S NAI	

DIRECTOR

FUNERAL

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notified at

must be

injury, or other traumatic event, the medical examiner

CERTIFICATION

PHYSICIAN: MEDICAL

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COMPLETED

BE

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permit.

		With the last												
FOR STATE REGISTRAR		STATE OF N) / DEPAR						YGIENI EG. NO.	E 9	4	28521	
1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF D				3. TIME OF DEATH	_
SAMANTH	A AS	HLEY	SMITH	{					SEPTEM	BFR	15.	1994	8:37 p	М
4. SOCIAL SECURITY NUMB	ER	5. SEX		. last birthday)	IF UNDER 1 Y	EAR I	IF UNDER	24 HRS.	7. DATE OF B	IRTH	101	8. BIRTH	PLACE (State or Foreign	_
183-74-657		1 🗆 M 2 🗆 F	lyr	YRS.	MONTHS D	MYS H	IOURS	MIN.	(Month, Day Mar.2		93	count Harr	isburg,PA	
9a. FACILITY NAME (If not in:					9b. CITY, TO						9c. COU	INTY OF D	EATH	
THE JOHNS		NS HOSPI	TAL		BA	LTIM	ORE	CIT	.γ		Bal	timo	re	
RESIDENCE OF DEC														
10a. STATE	10b. COUNTY	r		10c. CIT	Y, TOWN OR	LOCATION	N						10d. INSIDE CITY LIMITS?	
MD	Balt	imore		Ba	ltimor	e C	ity						1 X YES 2 NO	
10e. STREET AND NUMBER						10f. ZI	IP CODE				10g. CIT	IZEN OF Y	WHAT COUNTRY?	_
512 S. Str	eeper					2	122	4	_		U.S	.A.		
11. MARITAL STATUS 1 Never Merried 2		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W		ARMED	If y		fy Cuba		IIC ORIGIN? (Sp n, Puerto Rican		or No—	14. RACE Black Speci	E — Americen Indien, k, White, stc.	
3 Widowed 4 Divo	rced				1	,,202	<u>A</u>)	Ороспу					White	
15. DECI (Specify only	EDENT'S EDUC highest grade	CATION completed)	16e	. DECEDENT'S	USUAL OCCU	JPATION ing most o	of workin	ıa	18b. KINI	OF BUS	INESS/IN	DUSTRY		
Elamentary/Secondary (0-	-12)	College (1-4 or 5	+)	life. Do NOT u	se retited.)			•	1					
0				N/A						N/A				
17. FATHER'S NAME (First, Mi	ddle, Last)					1	8. MOTI	IER'S NA	ME (First, Middle	, Meiden S	Surname)			
Ronald Ala	an Smi	th, Jr.					Ce:	lia	Iris R	oman				
19a. INFORMANT'S NAME (7)	rpe/Print)			19b. MAILING	AODRESS (S	treet end	Number	or Rural F	Route Number, C	ity or Town	, State, Zij	o Code)		
Ronald Ala	an Smi	th, Jr.		512	S. Str	eepe	er S	St	Baltin	nore	. MD	2122	24	
20e. METHOD OF DISPOSITI 1 □ Burlel 2 □ Cremetlo 4 □ Oonation 5 □ Other	n 3 🗆 Remo	oval from State	cemetery	CE AND DATE	OF DISPOSITION	ON (Name	of		OATE	20c. LOC	ATION —	City or To		

4 ☐ Oonation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. Liet only one ceuse on each line. **IMMEDIATE CAUSE (Finel** diseese or condition resulting in death)

Sequentially list conditions, if any, leeding to immediate Enter UNDERLYING CAUSE (Disease or injury

that initieted evants resulting in deeth) LAST casio

#0048

A CONSEQUENCE OF

d

Fred F. Groff, Inc.

24b. WERE AUTOPSY FINDINGS

PART ii. Other eignificant conditions contributing to death but not resulting in the DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | UNCERTAIN

HOSPITAL:
1 Nopetient 2 - ER/Outpetient 3 -

24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO

28d. DESCRIBE HOW INJURY OCCURED

n, in my opinion, death occured at the time, date end place, end due to the cause(e) end menner as stated.

234 W. Orange St., Lancaster, PA 17603

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO

Approximata

interval Between

Oneat and Deeth

4 Nursing Home 5 Residence 6 Other (Specify)

MANNER OF DE	ATH	
Natural	5 Pending	
Accident	Investigation)(
0.4.44		

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 TYES 2 NO

4 Homicide

29a. CERTIFIER

8 Could not be

determined

28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

28. PLACE OF DEATH (Check only one

DOA

OTHER:

1 YES 2 NO

281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

eb.	SIGNATURE AND TITLE OF	1 Shalfuer	_

CERTIFYING PHYSICIAN: To the best of my kno

thomas

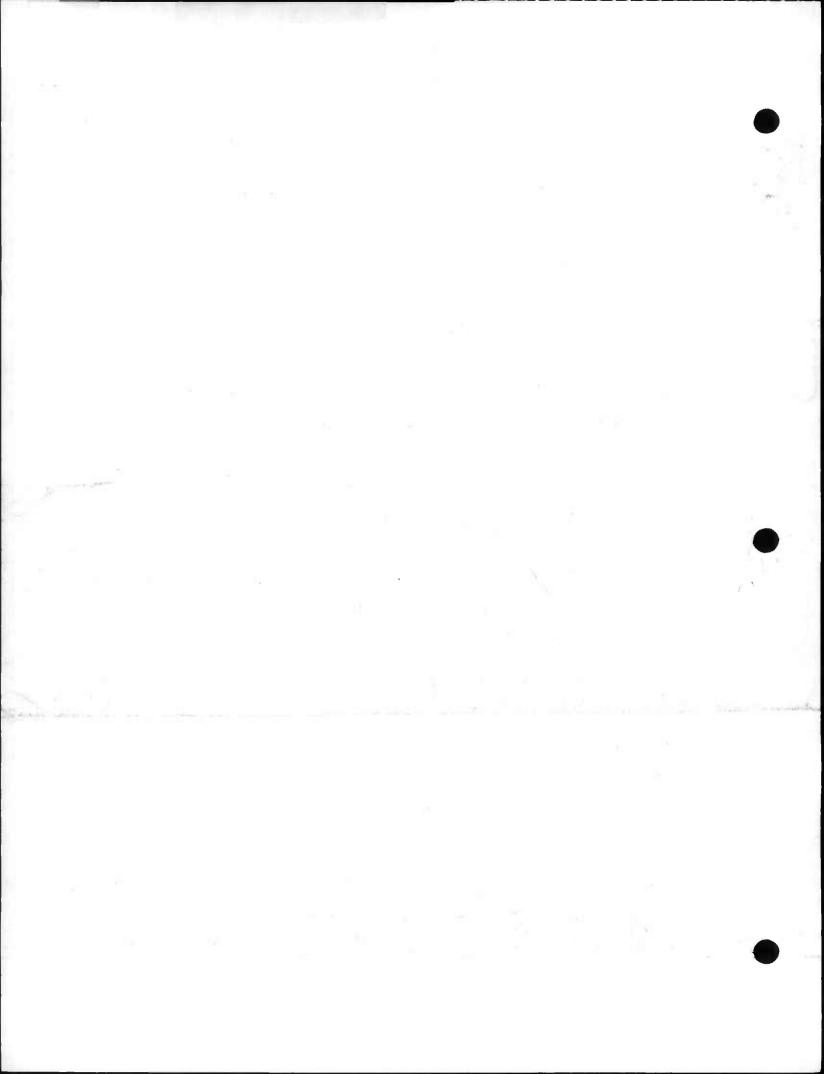
29c. LICENSE NUMBER

desth occurred at the time, date end piece, and due to the cause(e) end menner as stated.

29d. DATE SIGNEO (Month, Day, Year)

30. NAME AND ADDRESS OF COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

Hals 31. OATE FILEO (Month, Day, SEP 28 1994



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BALTIMORE, MARYLAND 21215-0	end	98
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DIVISION OF VITAL RECORDS, P.O. BOX 68739	MICH	de de
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>	A A	REC
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	PITA	PA C
	So	Thic
	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	1	20

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYL	CERTIF	ICATE OF	DEATH	REG.	NO.			
1. OECEDENT'S NAME (First, Middle, Last) HOWAT	d C. Settle				2. DATE OF OEAT MONTH Sept	6 199	3. TIME OF GEATH		
The second second		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yes		BIRTHPLACE (State or Fore Country)		
233-54-9950 9a. FACILITY NAME (If not Institution, give stre	M 2 F 61	YRS.	9b. CITY, TOWN	OR LOCATION OF D	May 12,	1933	West Virgin		
1010 Cooks Lane			Balti	more		No	ne		
Maryland None		- 9	y, TOWN OR LOCA		- 4		10d. IHSIDE CITY LIMITS? 11 YES 2 NO		
10e. STREET AND HUMBER	11000			of. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?		
1010 Cooks Lane			11-5-1-	21229		Uni	ted States		
	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 50 NO	If yes, s		ANIC ORIGIN? (Specifican, Puerto Rican, etc.		4. RACE — American Indian Black, White, atc. Specify:		
15. OECEDENT'S EDUCA (Specify only highest grade of		16a. OECEDENT'S	USUAL OCCUPATI	ION	16b. KIND OF	BUSINESS/INDUS	White_		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Pressm		lost of working	Folds	no Cort	on Co/Manuf		
17. FATHER'S NAME (First, Middle, Last)				18, MOTHER'S N.	AME (First, Middle, Me		on co/mandi		
unknown				unkno		Redman			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City of	r Town, State, Zip Co	Code)		
Margaret Settle					timore, M				
20a. METHOD OF DISPOSITION 1	rat from State 20b.	PLACE AND DATE OF OR OTHER PROPERTY.	of DISPOSITION (A	eton Cr.	9/10/94 I	Location - CH			
21. SIGNATURE OF FUNERAL SERVICE LICE				ND ADDRESS OF F					
23. PART I. Enter the diseases, or co shock, or heart feiture. Li	mplications that caused	the death. Do r	Harr 4112	y H Witz	ke Funera	ce Ellic	ectt Cfty210 et, Approximat Interval Bet		
23. PART I. Enter the diseases, or construction or heart feiture. Li IMMEDIATE CAUSE (Final disease or condition recuiting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury)	PULMON DUE TO (OR AS A DUE TO (OR AS A	I the death. Do rech line. VARY CONSEQUENCE OF CO	Harr 4112 not enter the m	y H Witz Old Col ode of dying, such	ke Funera	espiratory arree	tt, Approximatinterval Bei Onset and		
23. PART I. Enter the diseasea, or conshock, or heert feiture. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING	PULMON DUE TO (OR AS A DUE TO (OR AS A	the death. Do rech line. VARY CONSEQUENCE OF SPERAT	Harr 4112 not enter the m	y H Witz Old Col ode of dying, sur	ke Funera	espiratory arree	tt, Approximatinterval Bei Onset and		
23. PART I. Enter the diseases, or construct, or heart feiture. Li iMMEDIATE CAUSE (Final disease or condition recuiting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions CANCER ANEMA	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A Contributing to deeth be	I the death. Do rech line. VARY CONSEQUENCE OF CO	Harr 4112 not enter the m EME	y H Witz Old Coll ode of dying, sur BOLIS RIGHT	ke Funera umbia Pil ch sa cordlec or r HEMI	COLEC	tt, Approximatinterval Bei Onset and		
23. PART I. Enter the diseases, or constock, or heert feiture. Li IMMEDIATE CAUSE (Final disease or condition recuiting in death) Sequentisity list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions CANCER ANEMIA. HYPERTEN	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A Contributing to deeth be	I the death. Do rech line. VARY CONSEQUENCE OF CO	Harr 4112 not enter the m EM 6	y H Witz Old Col Ode of dying, su SOLIS RIGHT THE STAGE	ke Funera umbia Pil ch as cordlec or r HEMI Pert I. 24a. WA PERT I YE	COLEC	24b. WERE AUTOPSY FIN AMALABLE PRIOR TO OF CA OF DEATH?		
23. PART I. Enter the diseases, or construct, or heart feiture. Li immediate CAUSE (Final disease or condition recuiting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions CANCER ANEMIA. HYPERTEN 25. WAS CASE REFERREO TO MEDICAL EXAMINER?	DUE TO (OR AS A Contributing to deeth by	I the death. Do rech line. VARY CONSEQUENCE OF CON	Harr 4112 not enter the m EME F): In the underlylr OTHER:	y H Witz Old Col Ode of dying, sur BOLIS RIGHT	ke Funera note that the property of the part I. Part I.	CO UEC	24b. WERE AUTOPSY FIN AMALABLE PRIOR TO OF CA OF DEATH?		
23. PART I. Enter the diseases, or construct, or heart feiture. Li immediate CAUSE (Final disease or condition recuiting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions CANCER ANEMIA. HYPERTEN 25. WAS CASE REFERREO TO MEDICAL EXAMINER?	DUE TO (OR AS A	The death. Do rech line. ARY CONSEQUENCE OF CONSE	Harr 4112 not enter the m EM 6 F): In the underlylr OTHER: 4 Hursing Hot	Y H Witz Old Col Ode of dying, sur BOLIS RIGHT RIGHT PLACE OF DEATH (C	ke Funera ymbia Pil ch se cerdlec or r HEMI Pert I. 24a. WA PEI B 2 1 Ye theck only one)	CO UEC	24b. WERE AUTOPSY FINANALABLE PRIOR TO COMPLETION OF CA OF DEATH?		
23. PART I. Enter the diseases, or construct, or heert feiture. Li IMMEDIATE CAUSE (Final disease or condition recuiting in death) Sequentisity list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions CANCER ANEMIA. 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 VES APRO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (OR AS A	I the death. Do rech line. I ARY CONSEQUENCE OF CO	Harr 4112 not enter the m EME FI: In the underlyin OTHER: 4 Hursing Hot E OF 28c. IN URY W 1	Y H Witz Old Coll ode of dying, sur BOLIS RIGHT RIGHT PLACE OF DEATH (C) PLACE OF DEATH (C) PLACE OF DEATH (C) ONLY YES 2 NO	Re Funera Imbia Pil chea cerdlec or r HEM Pert I. 24a. WA B 2 1 1 YE theck only one) 8 0 Other (Specify, 28d. OESCRIBE H	S AN AUTOPSY REORMEO? S OW INJURY OCCU	Approximatinterval Bet Onset and White Onset and White Onset and White Onset and White Onset and		
23. PART I. Enter the diseases, or construction of the property of the propert	DUE TO (OR AS A	The death. Do rech line. VARY CONSEQUENCE OF CONSE	Harr 4112 not enter the m EME FI: In the underlyin OTHER: 4 Hursing Hot E OF 28c. IN URY W 1	Y H Witz Old Coll ode of dying, sur BOLIS RIGHT RIGHT PLACE OF DEATH (C) PLACE OF DEATH (C) PLACE OF DEATH (C) ONLY YES 2 NO	Re Funera Imbia Pil chea cerdlec or r HEM Pert I. 24a. WA B 2 1 1 YE theck only one) 8 0 Other (Specify, 28d. OESCRIBE H	S AN AUTOPSY RFORMED? SS 2 I NO	24b. WERE AUTOPSY FINANALABLE PRIOR TO COMPLETION OF CA OF DEATH?		
23. PART I. Enter the diseases, or construct, or heart feiture. Li immediate CAUSE (Final disease or condition recuiting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions CANCER ANEMAR LEXAMINER? 1 VES AND 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES AND 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28. Certifier Check only	DUE TO (OR AS A	The death. Do rech line. ARY CONSEQUENCE OF CONSE	Harr 4112 not enter the m EM (6 F): (In the underlyin OTHER: 4 Hursing Hote E OF 28c. th Way M 1 Rreet, factory, offi	Y H Witz Old Coll Ode of dying, sur BOLIS RIGHT RIGHT PLACE OF DEATH (C) THE SURVEY AT ORK? YES 2 NO ce	Re Funera Imbia Pil ch as cerdlec or r HE MI Per I. 24a. WA PE MI 1 ye theck only one) 28d. OESCRIBE H 28f. LOCATION (S) City or Town, 3	S AN AUTOPSY REFORMED? ES 2 INO OW INJURY OCCU treet and Number or State)	24b. WERE AUTOPSY FINAMALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 AM		
23. PART I. Enter the diseases, or construct, or heart feiture. Li immediate CAUSE (Final disease or condition recuiting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions CANCER ANEMAR LEXAMINER? 1 VES AND 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES AND 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28. Certifier Check only	DUE TO (OR AS A DUE TO	The death. Do rech line. ARY CONSEQUENCE OF CONSE	Harr 4112 not enter the m EM (6 F): (In the underlyin OTHER: 4 Hursing Hote E OF 28c. th Way M 1 Rreet, factory, offi	Y H Witz Old Coll Ode of dying, sur BOLIS RIGHT RIGHT PLACE OF DEATH (C) THE SURVEY AT ORK? YES 2 NO ce	Re Funera Imbia Pil ch as cerdlec or r HE MI Part I. 24a. WA PER 1 ye theck only one) 28d. OESCRIBE H 28f. LOCATION (St. City or Town, St. City or	S AN AUTOPSY REORMED? SS 2 NO OW INJURY OCCU Treet and Number or State)	24b. WERE AUTOPSY FINAMALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 AM		
23. PART I. Enter the diseases, or construction of the property of the propert	DUE TO (OR AS A DUE TO	The death. Do rech line. ARY CONSEQUENCE OF CONSE	Harr 4112 not enter the m EM (6 F): (In the underlyin OTHER: 4 Hursing Hote E OF 28c. th Way M 1 Rreet, factory, offi	y H Witz Old Coll Ode of dying, sur BOLIS P RIGHT RIGHT PLACE OF DEATH (C THE 5 L-MEMIdence JURY AT ORK? YES 2 NO ce a and place, and du death occured at the 29c. LICEHSE NU	Re Funera Imbia Pil ch as cerdlec or r HE MI Part I. 24a. WA PER 1 ye theck only one) 28d. OESCRIBE H 28f. LOCATION (St. City or Town, St. City or	S AN AUTOPSY REORMED? SS 2 NO OW INJURY OCCU Treet and Number or State)	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 J.M. RED RED Read Route Number.		

1)	permit "Mg6"1; 2, 3 should
020	physician.	burial-tran
LAND 21215-0020	by the hospital or attending pl	be detached for use as the burial-tran
_	3	8

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

BALTIMORE, MARYL

L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within about after death. Page 6 may be retained by the

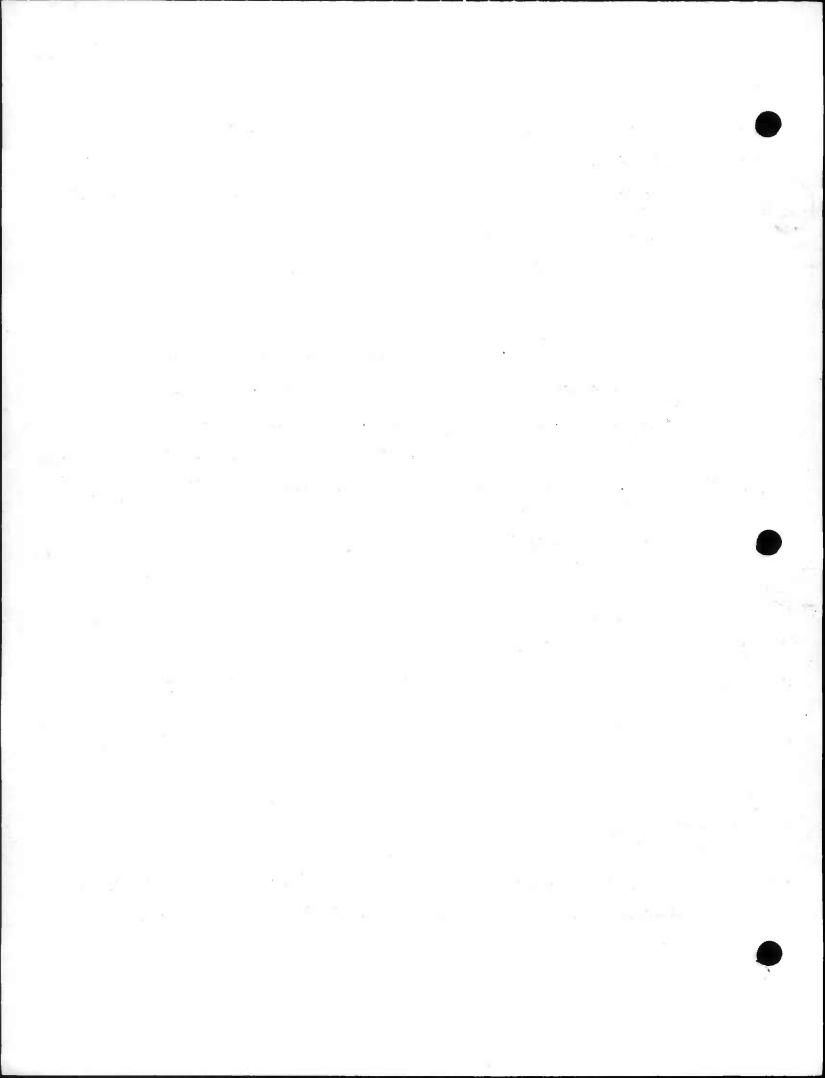
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the fours after death. Page 6 may be retained by the detached TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	* REGISTRAR		CERT	FICAT	E OF	DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH
- 1	ROME FRAN	NCIS SCHV	VAGEL				SEPT. 18	1994	YEAR	10:00 A M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthda	y) IF UNDER	R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1		HPLACE (State or Foreign
1	270-14-8655	1 🔀 M 2 🗌 F	82 YRS	MONTHE	DAYS	HOURS MIN.	(Month, Day, Year) OCT. 4,	911	Count	OHIO
	9a. FACILITY NAME (If not Institution, give st	reet and number)	J2	9h CITY	Y. TOWN .	OR LOCATION OF DE		ac con		
œ		,		- SU. CITY	., .OWN					
임	39 NORTH MAIN STI	KEET				KEEDYSV	TLLE	V	VASH	INGTON
DIRECTOR	10a. STATE 10b. COUNTY		10c.	CITY, TOWH	OR LOCA	TION				10d. INSIDE CITY
F	MARYLAND	WASHINGTON			ריבים	YSVILLE				LIMITS? 1 X YES 2 NO
	10e. STREET AND NUMBER	111 DITTINGTON			_	f. ZIP CODE		10e CITI	ZEN OF	WHAT COUNTRY?
2	30 MODULI MATAL CITI	ार ा म			"			109.011		
FUNERAL	39 NORTH MAIN STI	12. WAS DECEDENT EVER	IN II S ADMED	1 40	W# 6 051	21756	IIC ORIGIN? (Specify Ya			U.S.A.
	1 Never Married 2 Married	FORCES? 1 X YE	S 2 NO		II yes, sp	ecify Cuban, Maxica	n, Puarto Rican, atc.)	s or No-	14, RAC Blac	E — American Indian, k, Whita, atc.
A	3 Widowed 4 Divorced	WORLD WAT OR		1	1 YES	2 X NO Specify	r.	- 1	Spec	WHITE
	15. DECEDENT'S EOUC	ATION	18a. DECEDEN	I'S USUAL O	CCUPATI	ON	16b. KIND OF BU	SINESS/IND	USTRV	MUTTE
E	(Specify only highest grade		(Give kind	of work done use retired.)	during mo	ost of working	IOD. KIND OF BO	SHYESS/ HYD	031111	
2	Elamentary/Secondary (0-12)	College (1-4 or 5+)	1 2 2			LES MANAG	क्षत्रम् सुन	TTTZE	בת פ	STRIBUTOR
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 +140011	7. F. F. F. F.	ON		ME (First, Middle, Meider		I DI	DINIDUIOR
	ARTHUR A. SCHWAG	ET.								
8	19a. INFORMANT'S NAME (Type/Print)		10h MAH	NC AODRES	C (Cton at .		TE M. NET		0.11	
2	EMMA LOU SCHWAGE	т					Route Number, City or Tox			7 3 3 TO 2 7 7 7 7
										LAND 21756
	20a, METHOD OF DISPOSITION 1 Secretaria Burlel 2 Cremetion 3 Rame	oval from State	b. PLACE AND DATE Metery, crematory of AIRVIEW	re of DISPOS or other place!	SITION /N	ame of		CATION —		
	4 Donation 5 Other (Specify)		ATKATEM					DYSVI	LLE	, MARYLAND
	> Lolus Ma	()//	. Bast i			ND AGORESS OF FAI FUNERAL	HOME 7606			ONAL PIKE
-	22 2427 1 5-1-14	117					Boons	sboro	, MD	21713
	23. PART I. Enter the diseases, or cahock, or heert fellure.	omplications that caus Liet only one ceuse on	ed tha death. Di each iine.	o not enter	r tha mo	ode of dying, suci	h as cardiac or resp	iratory arr	est,	Approximata intervel Between
	IMMEDIATE CAUSE (Final	1/A	(0.	0		4				Onset and Dasth
	disease or condition resulting in death)	Melas	tatic		ar.	cinom	Q			Weeks
ĺ		DUE TO (OR AS	A CONSEQUENCE	OF):			-			
N	Sequentially list conditions,	o								
Ĕ	if any, leading to immediate	OUE TO JOR AS	A CONSEQUENCE	INCE OF):						
2	CAUSE (Disease or injury									
	thet initieted evente resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):						
CERTIFICATION		1								
	PART II. Other significant condition	contributing to death	but not recuiting	g in the u	nderivin	g ceuee given in	Part i. 24s. WAS AF	AUTOPSY	241	. WERE AUTOPSY FINDINGS
EDICAL						g g	PERFO		1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
							1 YES	NO		OF OEATH?
Ξ							_ l	•	ļ	t TYES 2 NO
PHYSICIAN: M										
히	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		LACE OF DEATH (Che	ack only one)			
YSI	1 YES 2 AO	1 Inpatient 2 ER/Ou	tpetlent 3 1 100			ne 5 Mesidenca	8 Other (Specify)			
표	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		IME OF		JURY AT	28d. DEŞCRIBE HOW	INJURY OCC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation			М		YES 2 NO				
	3 Suicide S Could not be	28a. PLACE OF INJUI building, atc. (Sp	RY — At home, farr	n, atreet, fac	tory, offic	a	291. LOCATION (Street	and Number	or Rural	Route Number,
IE	4 Homicide datermined	and the later (a)	//				City or Town, State	,		
اات	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my kno	winden death occ	urrad at the	time data	and plans and due	45.45			
COMPLETED		R: On the basis of examinat								e) and manner on stated
					,					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUN		29d. DATE	E SIGNED	(Month, Day, Yeer)
힏	Chino	-lu				1)214	>	1	119	194
	30. NAME AND ADDRESS OF PERSON WHO ABOUL WATTE	COMPLETED CAUSE OF C	28 21 _	rpe, Print)	HY	1 Aviz. 7	tAGERSTO.	ww.	MC	21742
	31. DATE FILED (Month, Day, Year)	A 32. REGISTRAR'S SIG	NATURE		. /			-	,,,,,	21112
1	CIP 2 11994	Tani Dendem &	madel							



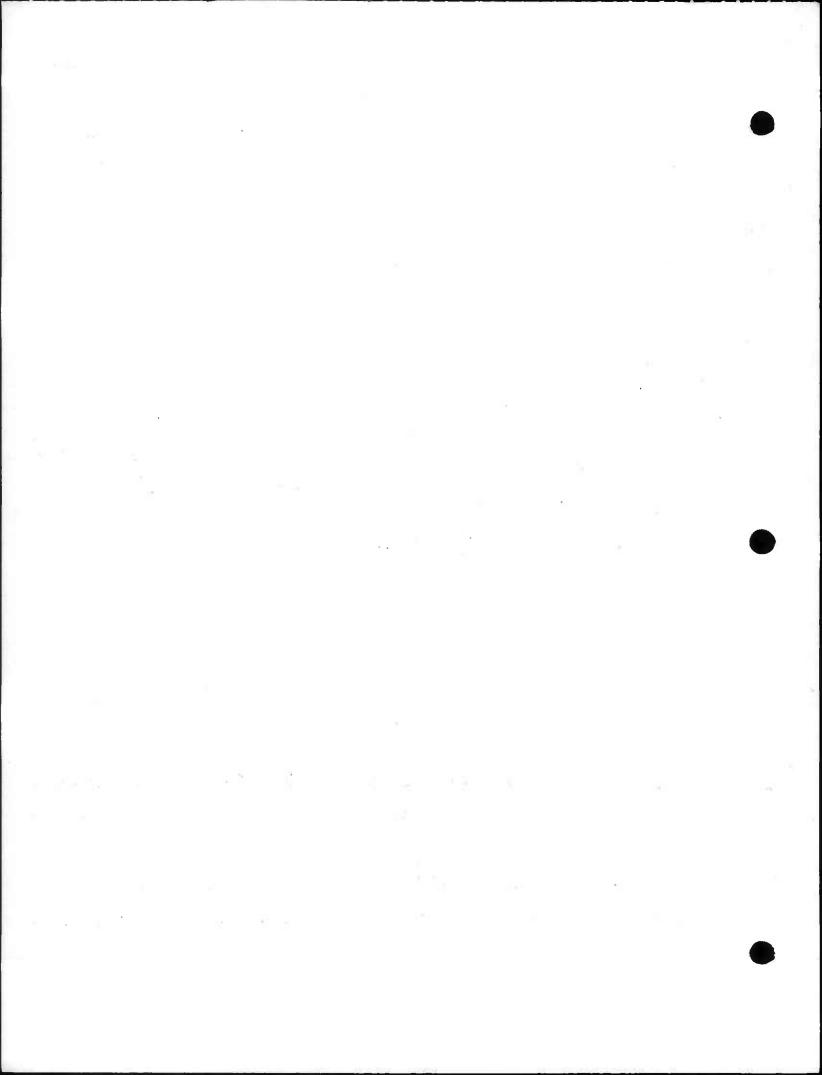
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CI	ERTIFIC	CATE O	FDEATH	R	EG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH			3. TIME OF DEATH
	VICKY LYNN SMI	ТН				SEPT	1 T	7.19	YEAR	00.50 3
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. las	t birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	HTRI	4		IPLACE (State or Foreign
	206-52-6776 1 □ M 2XXF	22	YRS.	ONTHS DAYS	HOURS MIN.	(Mopen, De	-79		Count	esboro, PA
	9a. FACILITY NAME (If not institution, give street and number)		9	b. CITY, TOWN	OR LOCATION OF DE	EATH		9c. COL	INTY OF D	
DIRECTOR	RT.15 & SOUTH SETON A	VE.							DER	
E I	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOC	ATION					10d, INSIDE CITY
a	PA Franklin		Wayı	nesbor	0					LIMITS?
A	10e. STREET AND NUMBER			1	OI. ZIP CODE			10g. CIT	IZEN OF N	WHAT COUNTRY?
FUNERAL	591 Pratt Court				172				USA	
교	1 Never Married 2 Married FORCES?	NT EVER IN U.S. AR	MED 10	13. WAS DI	ECENDENT OF HISPAN specify_Cuban, Maxica	IIC ORIGIN? (Sp n, Puerto Rican	ecify Yea , atc.)	or No-	Black	E — American Indian, k, White, etc.
B	3 Widowed 4 Divorced IF YES, GIVE	MAR OR DATES		1 🗆 YI	S 2 NO Specify	/ :			Spec	"White
	15. DECEDENT'S EDUCATION	16a, DE	CEDENT'S US	UAL OCCUPAT	ION	165 KIMI	D OF BUS	INECC/IN		WILLCC
	(Specify only highest grade completed)	(G		k done during r	nost of working	100. KIN	D OF BUS	HNE35/IN	0051H1	
2	Elementary/Secondary (0-12) College (1-4 or 5	*)	Homema	aker		Own	Hom	ne		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		110mem		18. MOTHER'S NA					
	Kenneth E. Smith, Sr					A. NO		surrielme)		
H	190, INFORMANT'S NAME (Type/Print) Carol A	191	b. MAILING AG	OORESS (Street	end Number or Rural I			Ctate 7	n Codel	
임	XXXXXX Roberts	·	11867	Gehr	RD, Wayne	sboro.	PA	1726	8	
	204-METHOD OF DISPOSITION	20h PLACE		DISPOSITION		OATE			City or To	wa Cteta
	1 ABurlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	cametery, cre	matory or other	I Ceme	terv				,	PA 17268
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	- OICC	II LILL.		AND AODRESS OF FA		o Eu	nore	1 140	Th 17200
	Comes D. Burlanda	1,		50 S	. Broad S	ST., Wa	ynes	boro	, PA	17268
	23. PART K Enter the disesses, or complications th	at caused the de	sth. Do not	entar the m	oda of dving, suci	h as cardiac	or respir	ratory ar	rest.	Approximata
	snock, or hasit failure. List only one ca	A A	- 1							Interval Between
ŀ	IMMEDIATE CAUSE (Final disease or condition	Mall	010	T	N) curi	00				Onset and Death
- 1	resulting in death) a	OR AS A CONSE	DUENCE OF	. 1	1 Just	ال				
-			,		•					
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	(OR AS A CONSEC	OUENCE OF):							
S	cause. Enter UNDERLYING									
Ē	Court intrinted eventes	(OR AS A CONSEC	DUENCE OF):							
토	resulting in death) LAST									
	DAOT II Other significant conditions contain also		101							
DICAL	PART II. Other algnificant conditions contributing to	daath but not r	eauiting in	tha underlyi	ng cause givan In	Part I. 24a.	PERFORI		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						_ 1	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
Z						_ '	1			YES 2 NO
ž	DID TOBACCO USE CONTRIBUTE TO CA					1 🗆				,
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	28. PLAC		Check only one	9)					
YSI	YES 2 NO 1 Inpatient 2	ER/Outpetient 3			me 5 🗆 Reeldence	6 Other (Spe	ecify)	1	HIGH	VAWI
표	27. MANNER OF DEATH 28a. DATE O	NJURY (y, Year)	28b. TIME C		IJURY AT	28d DESCRIB	E HOW IN			,
à	1 Natural 5 Pending 2 Accident Investigation	194	2356	2 M 1	YES 2 NO	Rdes	tria	N 5	Muck	- by cours
	Suicide 8 Could not ba 28e/PLACE building	FINJURY - At ho	me, ferm, stre	et, factory, off	lca	281. LOCATION	N (Street as	nd Numbe	r or Rural F	Route Number,
!!	4 Homicide detarmined	ST	PEE	T		RIG	15	an	dS.	Jeton Are
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of	l my knowledge, de	ath occurred a	at the time, da	te end plece, and due	to the cause(e)	end man	ner as sta	ted.	
COMPLETED	2 MEDICAL EXAMINER: On the basis of) and manner as stated,
	29b JURE AND TITLE OF CERTIFIER	. 4 4	1	_	29c. LICENSE NUM					(Month, Day, Year)
H H	/ lan m lock	e M								
임	MAME AND ADDRESS OF PERSON WHO COMPLETED CAL	SE OF DEATH (ITE	W 27) (Tvoe. Pr.	int)	1 0.0	.M.E.		- 51	EPT.	17,1994
	TLARON LOCKE, N	4.40		,	reet. Ba	ltimo	re.	Mai	rvla	nd 21201
		AR'S SIGNATURE			322, 30		,	1101.	- 7 - 0	21201
ı II	SEP 2 0 1994 Frie Seni	em-Randal	A.							



MAX

31. DATE FILED (Month, Day, Year) SEP 1 5 1994

	1 - STATE REGISTRAR	SIAIE UP MI			ICATE				MENIAL	HYGIEN REG. NO.	Ł		
	1. DECEDENT'S NAME (First, Middle, Last)	Frankli	in S.	Se	ibert	t			2. DATE OF MONTH	DEATN D		VEAD	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-34-0155	5. SEX 1 M 2 F	3. AGE (In yrs. less 77	t birthday) YRS.	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF		Ť	2211	MCE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give s 14312 St. Paul							on of DE				TY OF DEAT Shing	
DIRECTOR	10a. STATE 10b. COUNTY MD. Was	hington		10c, CIT	v, town o		prin	g					d, INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	100, STREET AND NUMBER 14312 St. Po	aul Road				101.	217						T COUNTRY?
B₹	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 () IF YES, GIVE WAI WO'T d W	YES 2 N			If yes, spe	city Cuba	F HISPAN In, Mexicen Specify	IC ORIGIN? (: n, Puerto Rici	Specify Yea an, etc.)	or No—	14. RACE — Black, W Specify	American Indian, hite, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DEI (Gi lite.	ve kind of Do NOT u	USUAL Of work done se retired.)	during mos	st of working	ng			Scho		
BE CO	17. FATNER'S NAME (First, Middle, Last) Frank 0. S	eibert						Mary	ME (First, Mide y SOWE	ers			
TO E	Dorothy R. Sei	bert	191:	143	12 S	t. P	au l	Road	Clear	City or Tow Spr	n State, Zip (Md. 2	1722
	20e, METNOD OF DISPOSITION 1 Burlef 2 Cremation 3 Rem 4 Donation 6 Other (Specify)		206. PLACE A cometery cree SM1 th		g Cr	ema t	ory		DATE 16/94	Smi	thsbu		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Zimer	~~~ Z	5.					d Son Pa.			lome	
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due To (c	on each line							-		est,	Approximata Interval Between Onset and Peath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	с	OR AS A CONSEC										
MEDICAL	PART II. Other algnificant condition	es contributing to d	Dew	5		0		given in I		In. WAS AN PERFOR	MED?	CO DF	RE AUTOPSY FINDINGS MILABLE PRIDR TO MPLETION DF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☑ YES 2 ☐ NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHEI	4 :			sck only one)	Spaciful .			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day)	JURY	28b. TIN		28c. INJU	/ ~				NJURY OCC	URED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At hor c. (Specify)	me, ferm,	street, fect	lory, office				ON (Street a Town, State)	and Number o	or Rural Route	Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of m											d menner as stated,
OBE C	296, SIGNATURE AND THILE OF CERTIFIC	mas	1				29c. LICE	ENSE NUM	93	6	29d. DATE	SIGNED (MG	onth, Day, Year)
Jee 1	30 NAME AND ADDRESS OF DECENH WIL	COMPLETED ONLD		4.00	W 1 11								

28

32. REGISTRAR'S SIGNATURE

POTOMAC ST. WILLIAMSPORT, MD.

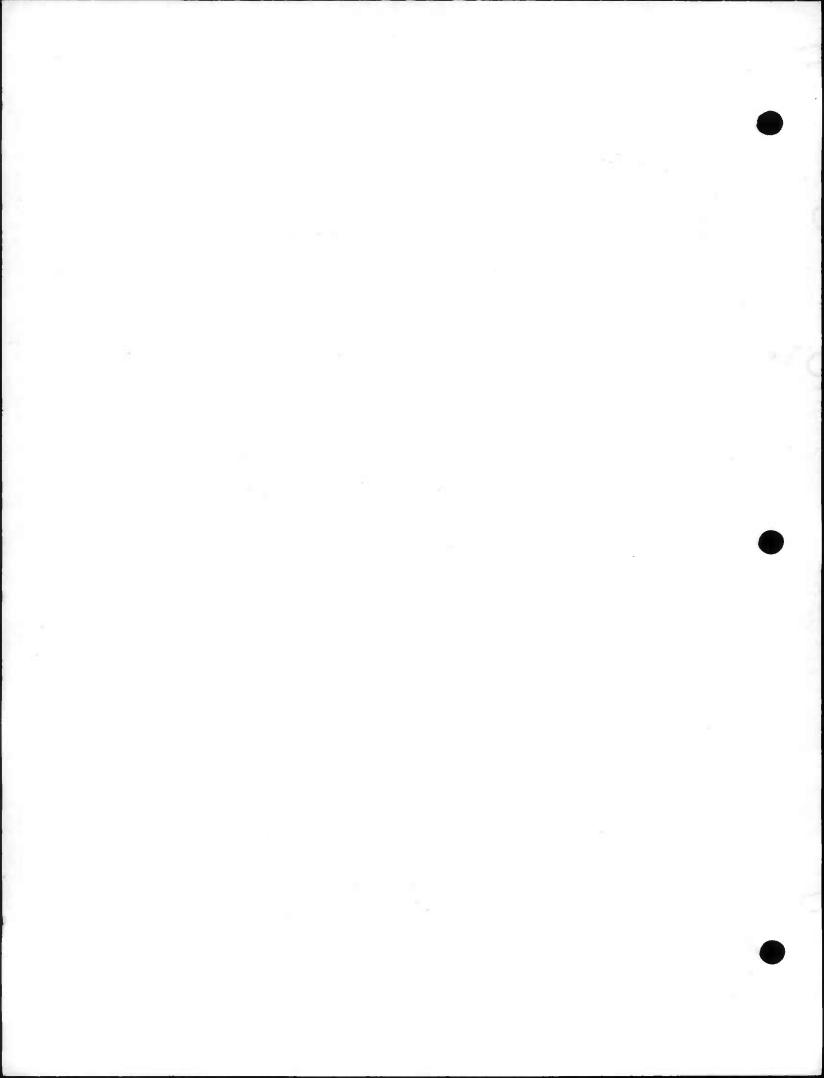
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	1 -	FOR STATE REGISTRA
i	1. D	ECEDENT'S I
,		
k		

	1 - STATE REGISTRAR	OINIE OI MAII			F DEATH	MENIAL HIGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	een h	/	Sull	11/1014	2. DATE OF DEATH DO	Y / 0	YEAR 3	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		ۃ (In yrs. lest birthday	IF UNDER 1 YE	IF UNDER 24 HRS.	7. DATE OF BIRTH	6 7	6. BIRTHPL	ACE (State or Foreign
	234-36-5864	1 🗆 M 2 🕰 🖺	67 YAS.	MONTHS DA	'S HOURS MIN.	2/27/2	7	Country)	VIRGINIA
	9e. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOV	N OR LOCATION OF DE		Acres .	TY OF DEA	
6	WASHINGTON COUNT	Y HOSPITAL			HAGERSTO	WN	Į v	VASHI	NGTON
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,	10c. C	ITY, TOWN OR LO	CATION			1	Od. INSIDE CITY
듬	MARYLAND I	WASHINGTON		H	AGERSTOWN			1	LIMITS?
A	10e, STREET AND NUMBER				101. ZIP CODE		10g. CITIZ	ZEN OF WH	AT COUNTRY?
FUNERAL	1041 PENNSYLVANIA	AVENUE			2174	10		U.S	.A.
בֿ	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVE FORCES? 1 1	ER IN U.S. ARMED		DECENDENT OF HISPAN , specify Cuben, Mexico	IC ORIGIN? (Specify Yes	or No-	14. RACE - Black, 1	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR O			YES 2 X NO Specify			Specify:	WHITE
	15. DECEDENT'S EDUC (Specify only highest grade		16e. DECEDENT	S USUAL OCCUP	ATION	16b. KIND OF BUS	SINESS/IND	USTRY	WILLD
	Elementary/Secondary (0-12)	College (1-4 or 6+)	IIIe. Do NOI	f work done during use retired.)					
COMPLETED	10			HOMEMAK			OMN HO	OME	
	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Maiden			
86	EDGAR LEE PIERCE 190. INFORMANT'S NAME (Type/Print)		19h MAH II	C AODRESS (St		Ploute Number, City or Tow		0-4-1	
임	PAUL A. SULLIVAN	1				ENUE, HAGEI			21740
	20e. METHOD OF DISPOSITION 1 Suriel 2 □ Cremetion 3 Reme		20b. PLACE AND DAT	E OF DISPOSITION			CATION —		
	4 Donation 5 Other (Specify)	oval from State	REST CE	other place) ETERY	9/	20/94 WHI	TE HA	IL,	VIRGINIA
	21. SIGNATURE OF FUNERAL SERVICE LIC	10			E AND ADDRESS OF FA	7606	014 N	Jatio	nal Pike
	- Hom A 180	John John	H. Bast	Jr. BAS'	FUNERAL	HOME Boons			
	23. PART I. Chier the disesses, or contact shock, or heart failure.	omplications that car List only one csuse of	used the death. Do n asch lina.	not enter tha	mode of dylng, suc	h ss cardisc or respi	ratory arr	est,	Approximate Interval Between Onset and Dagth
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	. Cen	6 yours	ular	Accide	wit			6 Weeks
		DUE TO (OR	AS A CONSEQUENCE	OF):	Sun hu-1	Verul	Air.	e - C	10
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE	OF):	ereural	1 march	10 (7 6	eve	10 years
S	csuse. Enter UNDERLYING CAUSE (Disease or Injury	c							(
	that initisted events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE	OF):					
		d							
⊌∥	PART il. Other significant condition	s contributing to dea	th but not resulting	In the under	ying cause given in	Part I. 24e. WAS AN PERFOR			VERE AUTOPSY FINDINGS
ပ၂						1 □ YES 2		- 0	OMPLETION OF CAUSE OF DEATH?
CIAN: MEDI								1	☐ YES 2 ☐ NO
AN	25. WAS CASE REFERRED TO MEDICAL			2	PLACE OF OEATH (Ch				
	EXAMINER?	HOSPITAL:	Outpatient 3 DOA	OTHER:	fome 5 - Reeldence				
PHYS	27. MANNER OF DEATH	280. DATE OF INJU	RY 28b. T	ME OF 28c	INJURY AT	28d. DE\$CRIBE HOW I	NJURY OCC	URED	
BY P	1 Nitural 5 Pending 2 Accident Investigation	(Month, Oay, Ye	ar)	NJURY M 1	WORK? YES 2 NO	FARCE (150-11)			
- 1	3 Suicide 6 Could not be	26e. PLACE OF INJ building, stc.	URY — At home, ferm Specify)	, street, fectory,	office	28f. LOCATION (Street a City or Town, Stete)	and Number	or Rural Rou	ite Number,
	4 Homicide detarmined								
COMPLETED	(Check only one)								
ဂ္ဂ	2 MEOICAL EXAMINE		ation end/or investigs	tion, in my opinic	n, death occured at the	time, date end place, an	d due to the	e ceuse(e) s	and menner as stated.
8	296. SIGNATURE AND TITLE OF CORTIFIER	10 MM	Person.	Physics	29c. LICENSE NUM	ABER () 4359	29d. DATE	SIGNED (A	(Grith, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Tr	pe, Print)	1.10	H	1	uy.	14
	31. DATE FILED (Month, Day, Year)	V 32. REGISTRAR'S S	7 FOW	mac	1404.	Mager.	SCOL	NN	
	(The Daviden				.1			

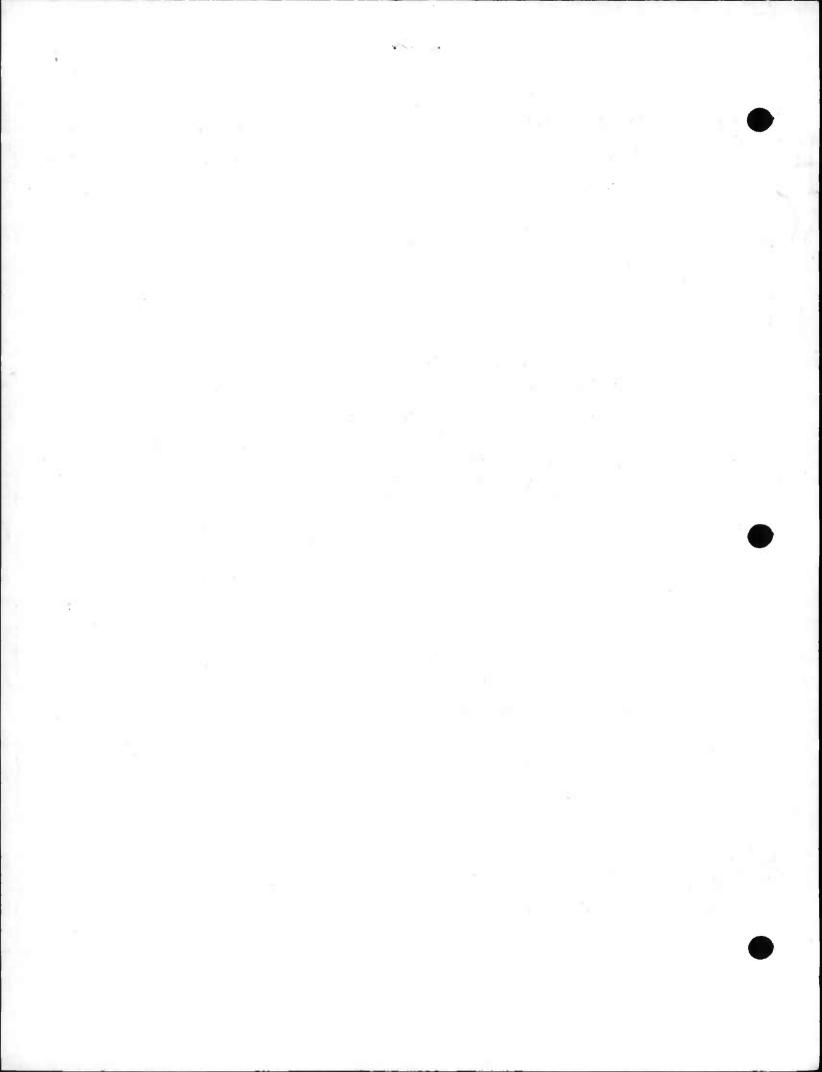
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 fer death. Page 6 may be retained by the control of the control o DIVISION OF VITAL RECORDS, P.O. BOX 68760



1	346	ÿ	13	
2	Τ,		80	
in a second seco	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020;	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with flows after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-langing be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY				EALTH AND DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH
	MARY SUSAN T	UCKER					Sept. 15.	1994	9:20 pm M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER	t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign
	213-42-3384	1 X M 2 D F 8	35 YRS.	MONTHS	DAYS	HOURS MIN.	May 5, 19	Cou	Maryland
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY	, TOWN C	R LOCATION OF D		9c. COUNTY OF	
E E	Iorian Riversida	Nurging Cont	or			Riversid	lo		arford
DIRECTOR	Lorien Riverside	Natisting Cent	ET			TVET 510		110	IL TOTA
2	10e. STATE 10b. COUNT		10c. CI	TY, TOWN	OR LOCAT	ION			10d. INSIDE CITY
		Harford				Edgew	rood		1 YES 2 X NO
M	10e. STREET AND NUMBER				101	ZIP CODE		10g. CITIZEN O	WHAT COUNTRY?
FUNERAL	219 Kennard Avenu	<u>e</u>				210	40		USA
2	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	IN U.S. ARMED	13.	WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14. RA	CE - American Indian, ack, White, etc.
BY	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR				2 NO Speci		200	ocity: white
	15. DECEDENT'S EDU	ICATION	I to December						wittre
COMPLETED	(Specify only highest grade	e completed)	(Give kind of life, Do NOT	work done	during mo	n st of working	16b. KIND OF BUS	SINESS/INDUSTRY	
וק	Elementary/Secondary (0-12)	College (1-4 or 5 +)	140				ł		
Ž	17. FATHER'S NAME (First, Middle, Last)		掘	HOI	nema.				
		Comple a 1.1		1			AME (First, Middle, Maiden		
BE	Robert Emmett	Campoett					a Belle Wa	1	
임							Route Number, City or Tow		21040
	Elaine T. Moyer						, Edgewood		21040
	20g METHOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Ref	ngwell trom State	oh PLACE AND DATE emetery cremetory or	OF DISPOS other place)	SITION (Na	me of	9/19/94 F	CATION — City or	Town, Stata
	4 □ Donation 5 ② Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE ■	ctusts / 1	enter un	ited	Met	n. Cem.	9/19/94 F	orest H	ill, Md.
	1	17/ 1/10	1 1	< #G	owar	d K. McC	omas III F	uneral I	Home, P.A.
	1/auga		ans	1:	317	Cokesbur	y Road, Ab	ingdon,	
	23. PART I. Enter the diseases, or shock or heart failure	complications that caus List only one cause on	ed the deeth. Do	not enter	the mo	de of dying, au	ch aa cardiac or respi	ratory errest,	Approximate
	IMMEDIATE CAUSE (Final		1)		A ,) V ()	Onset and Death
	disease or condition resulting in death)	author	money	on A	The.	5	to AN	Hance	941
		DUE TO (OR AS	CONSEQUENCE	P.	1		1	V 10-1	
z	Consensation to the secondary	b	ncin	mi	XO	3/6	alm)		Carlo
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):					7 679
ଧ୍ର	cause. Enter UNDERLYING CAUSE (Disease or Injury	с							1 of wat
	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE (OF):				/	0 100
E I	Todatang in death, Exist	d						_/	
_	PART II. Other significant condition	ns contributing to desth	but not resulting	In the ur	derlying	cause given in	Part I. 24a, WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
<u></u> 5	(Reliani	/100 0	14		1	1. 0	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC		-/1000	MAN		7	Nican	1 🗆 YES 2	NO	OF DEATH?
Σ	DID TOPACCO USE	CONTRIBUTE TO	CALICE OF	DEAT	L V	EC CO NO			1 ☐ YES 2 ☐ NO
PHYSICIAN:	DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL	TOMIKIBUTE TO	CAUSE OF	DEAT		ACE OF DEATH (C)			
ᄗ	EXAMINER? 1 YES 2 NO	HOSPITAL:	and a Final	ОТНЕ	1:				
ĔΙ	27. MANNER OF DEATH	28a. DATE OF INJURY			28c. INJ		6 Other (Specify) 28d. DESCRIBE HOW II	N III IBY OCCUPED	
	1 Natural 5 Pending	(Month, Day, Year		JURY M	WO	RK?	280. DESCRIBE HOW I	NJOHY OCCURED	
B	2 Accident Investigation 3 Suicide Could not be	28e. PLACE OF INJUI	RY At hone term,	atrock fact	tory, offic		281. LOCATION (Street a	and Mumber or Rus	J. Book Market
	4 Homicide 8 Could not be determined	building, etc. (S	ecity)	71	ory, orne		City or Town, State)	and Number of Mun	ir noute Number,
4	29a. CERTIFIER								
	(Check only	SICIAN: To the best of my kno							
COMPLETED		ER: On the beele of examinat	ion and/or investigati	on, in my o	pinion, d	eath occured at the	time, data and place, an	d due to the caus	e(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R)			29c. LICENSE NU	MBER	29d, DATE SIGN	ED (Month, Day, Year)
			·			219	583.	19/11	0/9V
-	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	e, Print)	5	AUIC	+ *	116	46 21001
	AM	N, MAI	VILL		0 1	2000	- Fun	aur)	JIK 21001
	31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S SIG	NAPPRE II					,	
	CED 1 6 1994	THE THOUGH	- HARVEN						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate hais been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE		CATE OF	DEATH		REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last) HOWARID	THOMI	PSON.	JR			2. DATE OF MONTH	DEATN DA	×25	YEAR 94	3. TIME OF DEATN
			AGE (In yrs. lest t	oirthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH Ny. Magr)		8, BIRTN Countr	IPLACE (State or Foreign y)
TOR	9a. FACILITY NAME (If not institution, give street Anarundal Med C	- '				polis,				INTY OF D	EATH
REC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				, TOWN OR LOCA						10d. INSIDE CITY LIMITS?
L DI	Md. Queen A	nne;s			Sheste	f. ZIP CODE			10a CIT	TYEN OF Y	1 YES 2 NO
FUNERAL DIRECTOR	125 Newtown Rd			-,		21666			U.	S.A.	•
B	11. MARITAL STATUS 12. 1	WAS DECEOENT E FORCES? 1 IT IF YES, GIVE WAR	YES 2 NO		If yes, s	CENOENT OF HISPA recity Cuben, Maxic 3 24 NO Spec	an, Puerto Rica		or No-	Biaci	E — American Indian, k, Whita, atc. **Black
TED	15. DECEOENT'S EDUCATION (Specify only highest grade company)	pleted)	16a. DECE (Give life, D	EDENT'S kind of w	USUAL OCCUPAT rork done during me e retired.)	ON ost of working	16b. Kil	OF BUS	INESS/INI	DUSTRY	
COMPLETED	Elamentary/Secondary (0-12)	ollege (1-4 or 5+)		eaf			5	e"fo	od		
	17. FATHER'S NAME (First, Middle, Last) HOWard Tho	mpson				18. MOTHER'S N	AME (First, Midde Thom				
TO BE	19a. INFORMANT'S NAME (Type/Print)	-	19b.	MAILING	ADDRESS (Street	and Number or Rura	Route Number,	City or Town	n, State, Zij	p Code)	
-	Diane Reed	<u> </u>			Newto	wn Rd.	Chest			City or To	
	1 Burial 2 Cremation 3 Ramoval 4 Donation 5 Other (Specify)		cemetery cremi	116	her place Va.	arne or	OATE			Va	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE				ND ADDRESS OF F		ctor	. M	(amar)	land 21601
	23. PART I. Enter the diaeases, or com	plications that c	auaed the deat	th. Do n	-					-	Approximata
	shock, or heart failure. Liet IMMEDIATE CAUSE (Final disease or condition resulting in death) a		A AS A CONSEQUE	to	orla	E					Interval Between Onset and Death
2		CANCE TO (OF	EN CONSEGN	ENCE OF	Live	2					
ATIO	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING		AS A CONSEQU	in the second		_					
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	OUE TO (OF	AS A CONSEQU	ENCE OF):						
	PART II. Other algnificant conditions of	intributing to de	ath but not rea	ulting (n the underlyin	g cause given in	1 Part I. 24	. WAS AN		24b.	. WERE AUTOPSY FINDINGS
DICAL		DAI	1				11	PERFOR	-		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: ME		61	uto	in							1 TYES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			28. P	LACE OF DEATH (C	heck only one)				
HYSI		Inpatient 2 - El		DOA 28b. TIME	4 - Nursing Nor	ne 5 🗆 Rasidenca	6 Other (Sp		I III DV OC	CHIDED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	Year)	INJI	JRY W	PRK?	280. DESCHI	BE NOW IN	NJUHT OC	COMED	
3	3 Suicide 8 Could not be determined	28a. PLACE OF II building, etc	IJURY — At home (Specify)	e, farm, a	treet, factory, offi	•	28f. LOCATIO City or To	ON (Street a own, State)	nd Numbe	r or Rurai F	loute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: O) and manner as stated.
TO BE C	296. SIGNATUBE AND TITLE OF CERTIFIER	Rvan	4 .B.			29c LICENSE NU	9 11		29d. OAT	E SIGNED	(Month, Dey, Year)
-	30. NAME, AND ADDRESS OF PERSON WHO CO			27) (Type,	Print Print	21401	Don	MD	C.	Ro	one MS
	SEP 2 1994	32. REGISTRAR'S	SIGNATURE	40							
		17.0	SELECTION OF THE PERSON OF THE	C0102002							

x

1	*	FOR STATE REGISTRAR
		REGISTRAN

	1 - STATE REGISTRAR	SIAIL OF MI	CEI				DEAT		MENIAL HYGI BEG			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	1		3. TIME OF DEATH
ij	Samue1		Thom	DEO	n				September	DAY 1.5	YEAR	7:24 a. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6	B. AGE (In yrs. last b		IF UNDER 1	1 YEAR	IF UNDER 24		7. DATE OF BIRTH			PLACE (State or Foreign
- 0	212-14-2542	1 M 2 D F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	Count	(Y)
	9s. FACILITY NAME (If not institution, give s		81		AL OUTY	TOWN C	D 1 0017101	105.05	MARCH 3			/LAND
œ							R LOCATION	N OF DE	ATH	9c. CO	UNTY OF D	EATH
2	Physicians Memor	<u>rial Hospi</u>	ital		L L	aP1	ata			Ch	arle	S
DIRECTOR	10a. STATE 10b. COUNT	Y		10c, CIT	Y, TOWN OF	R LOCAT	ION					10d, INSIDE CITY
E	MARYLAND CHAI	RLES		Τ.Δ	PLAT	Δ						LIMITS?
	10e, STREET AND NUMBER			Litt	1 11/11/	_	ZIP CODE			100 0	TIZEN OF V	1 TYES 2 X NO
FUNERAL	#6660 POMFRET ROAI)					20646			1		STATES
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARME		13. W	AS DEC	ENDENT OF	HISPAN	IC ORIGIN? (Specify	Yea or No-	14, RACI	E — American Indian, k, White, atc.
B⊀	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAS			1	YES	2XXNO	Specify.	, Puerto Rican, efc.)	Spec	
COMPLETED	15. OECEDENT'S EOU	CATION	18a. OECE	OENT'S	USUAL OC	CUPATIO	N		16b. KIND OF	BUSINESS/H	IDUSTRY	
ET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	kind of a	work done di se retired.)	uring mo	st of working		55.500			
4	6TH GRADE	Sollege (1-4 of 5 +)	CHAI	UFFE	UR				COVE	RNMEN	т	
O	17. FATHER'S NAME (First, Middle, Last)						18, MOTHE	R'S NAM	ME (First, Middle, Mai		-	
	JAMES THOMPSON								AWSON PO			
BE	19a. INFORMANT'S NAME (Type/Print)		196.	MAILING	ADDRESS	(Street a			oute Number, City or		(in Code)	
임	JEROME THOMPSON											N, MD. 20744
- 3	20g. METHOD OF DISPOSITION		20b, PLACE AN)I(I v		LOCATION -		
	1X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	Cemetery Creme	tory or o	ther place)	מווטר	U CEN	л O	/19/94 P	OMONIZ	F37 3	(ADSZI AND
		ENSEE 1-) /	71111	22. N	IAME AN	O AOORESS	OF FAC	7 1 3 / 34 E	OPIONK	CI, I	IARILAND
	21. SIGNATURE OF FUNERAL SERVICE YOU LEVEL THORN	TON TOHAS	ON MOOSE	ر ع	THO	ORNI	ON FU	JNER	AL HOME,	P.A. 640		
	23. PART i. Enter the disease, or o	complications that	caused the deet	h. Do i	not enter t	the mo	de of dvin	ARI a such	LAND ZU		rrest	Approximata
	shock, or haert failure.	List Dnly ona cause	e on eech line.				, , , ,					Interval Between
	IMMEDIATE CAUSE (Final disease or condition	ACUTO	00	CD	. DO	_	D .		001.10) (Onset and Death
	resulting in deeth)	a. The TO (C	DAS A CONSECUL	- 71	1 1/2	13	-4		177 CUK	-£		13
		ACUTE DUE TO (0	NI CHI E	2/	Α.		T L1 ~	Ω.				i I
CERTIFICATION	and an	DUE TO (C	OR AS A CONSEQU	ENCE O	Fi:	2	1 171-	-17				
A	If any, leading to immediate cause. Enter UNDERLYING											_ i
프	CAUSE (Disease or Injury that initiated events	cDUE TO (O	R AS A CONSEOU	ENCE O	F):	_						
E	resulting in death) LAST	3										
		3.										
PHYSICIAN: MEDICAL	PART II. Other eignificent condition	e contributing to d	eath but not ree	uiting	in the und	deriying	ceuee giv	ven in l	Pert I. 24a. WAS	AN AUTOPS'	24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음										2 NO		COMPLETION OF CAUSE OF DEATH?
ME												1 YES 2 NO
ä	DID TOBACCO USE	CONTRIBUTE	TO CAUS	E OF	DEAT	'H Y	ES 🖂	NO				
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DEA	ATH (Che	ck only one)			
Sic	1 YES 2 10	HOSPITAL:	ER/Outpatient 3	DOA	OTHER		5 🗆 Real	dence	8 Other (Specify)			
ا جَ	27. MANNER OF DEATH	28a. DATE OF IN		28b. TIM	E OF	28c. INJ	JRY AT		28d, DESCRIBE HO	W INJURY O	CCURED	
	Natural 5 Pending	(Month, Day,	rear)	IN.	URY		RK?	NO				
Э ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	INJURY — At home	o, form, :	etree1, facto	ry, office	,		28f. LOCATION (Str.	eet and Numb	er or Rural I	Route Number,
COMPLETED	4 Homicide determined	building, et	с. (эрвспу)						City or Town, St	tate)		
4	290. CERTIFIER CERTIFYING PHYSI	CIAN: To the best of -	n beautata da at		4 - 4 - 4							
M	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of m										. Telephonology (CV)
8			mination and/or the	wangan	m, in my op	ипиоп, о	eath occured	at the t	lime, data and place	, and due to	the cause(s	i) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	e. Ma	1				29c. LICEN		BER	29d. D/	TE SIGNED	(Month, Day, Year)
2	N-70	(-	0~~				D283	52			7/15	197
	30. NAME AND AGORESS OF PERSON WH											-
	Krishan Mathur,M.		Pembroo	ke	Squar	e S	uite2	13	Waldorf.	Marv	and	20603
	31. DATE FILED (Month, Day, Year)	I 32//REGISTRAR	'S SIGNATURE									
	SEP 1 6 1994	flava dau	ichen-Rando	14								

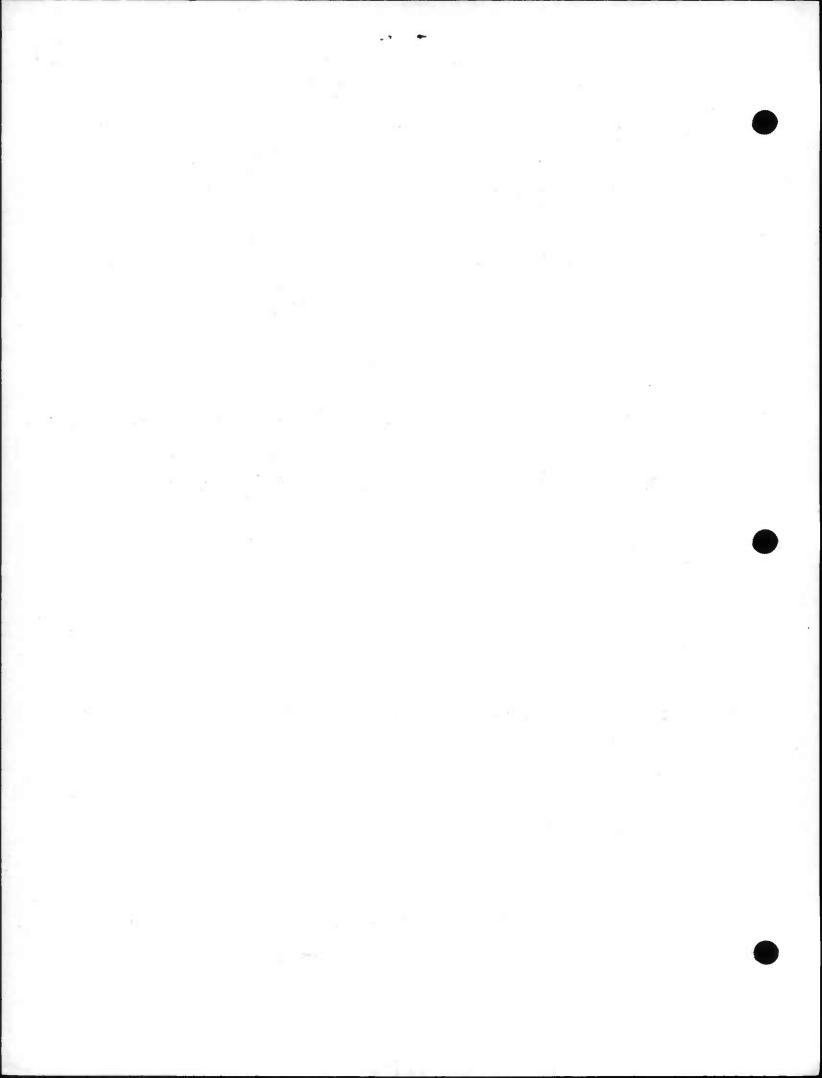
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with not after the law per retained by the strending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



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Should t		ofiffied a
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Turneral d	s after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	n 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Signed	Health	ws an
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TIMIS	with	rked,
ATTE	death	s ma
5	after	28
3	S	-

_	REGISTRAR	CERTIF	ICALE	OF DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) Frank Ford Testerman				2. DATE OF DEATH MONTH September	15,	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 229-01-0483 5. SEX 1 \times 4. AG	E (In yrs. last birthday) YRS.	IF UNDER 1 YE		7. DATE OF BIRTH 09911797191		6. BIRTHPLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TO	WN OR LOCATION OF D	EATH	9c. COU	NTY OF OEATH
TOR	712 Revolution Street			avre de G			larford
EC	10a. STATE 10b. COUNTY	10c, CIT	Y, TOWN OR L	OCATION			10d. INSIDE CITY
DIR.	Maryland Harford	На	avre d	e Grace			LIMITS? 1 X YES 2 NO
FUNERAL DIRECTOR	712 Revolution Street			10f. ZIP CODE 21078			ZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Olivorced 12. WAS DECEDENT SVET FORCES? 1 X YE IF YES, GIVE WAR OR		If yes	DECENDENT OF HISPA I, specify Cuban, Maxic YES 2 NO Specif		or No—	14. RACE — American Indian, Black, Whita, etc. Specify: White
G	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S	USUAL OCCU	PATION	16b. KIND OF BU	SINESS/IND	DUSTRY
COMPLETED	Elementary/Secondery (0-12) College (1-4 or 5+)	life. Do NOT us	e retired.)	nner	Fo	donal	government
OM	17. FATHER'S NAME (First, Middle, Last)	01111	all du		ME (First, Middle, Maiden		government
BE C	Remus W. Testerman				a Barker	,	
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Str		Route Number, City or Tow	n, State, Zip	Code)
2	Catherine T. Testerman	712 R	evolut	ion Street	, Havre de	e Gra	ace, MD 21078
	20ec METHOD OF DISPOSITION 1 Disposition 3 Removal from State 4 Donation 5 Other (Specify)	06. PLACE AND DATE	OF DISPOSITIO	N /Name of		CATION -	City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAM	E AND ADDRESS OF FA	CILITY		
	Waldyn Mitchell Sh	ant	Ha	vre de Gr	h Funeral ace, MD	21078	
	23. MARTIL Entar the disease, or complications that cause shock, of heart feature. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS	aach iina.					Interval Batween
NOI	Segrentially list conditions b.	S A CONSEQUENCE OF				a	mer
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	S A CONSEQUENCE OF	F):				
CERT	reaulting in death) LAST						
AL	PART II. Other significant conditions contributing to death	but not rasulting	In tha undar	lying causa given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL					1 YES 2		COMPLETION OF CAUSE OF DEATH?
Σ	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF	DEATH	YES IT NO			1 WES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		2	8. PLACE OF DEATH (C)			
/Sic	1 YES 2 NO HOSPITAL: 1 inpatient 2 ER/O	utpatlant 3 🗆 DOA	OTHER: 4 Nursing	Home 5 🗆 Residence	8 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year 2 Accident Investigation		URY	INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCC	CURED
	a December	RY — At home, ferm, a	street, factory,	office	281. LOCATION (Street of City or Town, State)	end Number	or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINED. On the heat of average.						
8	2 MEDICAL EXAMINER: On the basis of exemina	TION SHU/OF INVESTIGATIO	in my opinio			d dua to th	e cause(a) end manner aa stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER			D 3 3	MBER 099	29d. DAT	E SIGNED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Print)			-	
	31. DATE FILED (Month, Day, Year) SEP 1 9 1994 Jaha Sau	GNATURE Clean Rawfall					

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

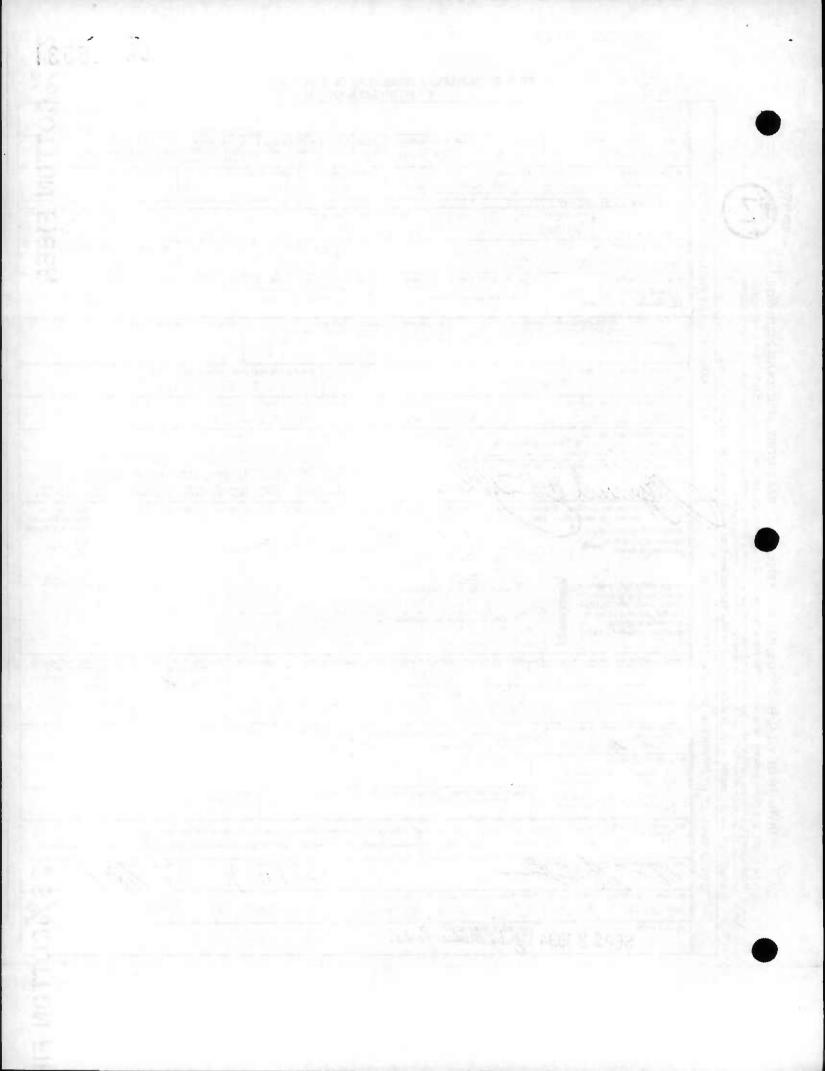
214-07-9723 1 M 2 XF 90. FACILITY NAME (if not institution, give street and number) SALISBURY NURSING & REHAB RESIDENCE OF DECEDENT 100. STATE 100. COUNTY MARYLAND WICOMICO 100. STREET AND NUMBER 609 COTTONTAIL DRIVE 11. MARITAL STATUS 1 Never Married 2 Married 2 Married 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11 17. FATHER'S NAME (First, Middia, Last) HOWARD REGINALD ASPLEN 190. INFORMANT'S NAME (Type/Print) FRANK J. TOBAT 200. METHOD OF DISPOSITION 1 Neuriel 2 Cremention 3 Removal from State 4 Donation 5 Pineral Service Licensee	10c. CI SAL N IN U.S. ARMED S 22 MO DATES 16c. DECEDENT'S (Give kind of life. Do NOT Life. Do N	9b. CITY, TOWN SA TY, TOWN OR LOCAL ISBURY 13. WAS DE If yes, si 1 VE 3 USUAL OCCUPAT work done during m so relired.) MEMAKER ADDRESS (Street BOX 74 OF DISPOSITION (A OTHER GOOD)	DI. ZIP CODE 21801 CENDENT OF HISPA pecify Cuban, Mexic s 22 No Speci ION Nost of working 16. MOTHER'S N. MARY and Number or Rural 4, QUANTI	INIC ORIGIN? (Specen, Puerto Rican, et ity: 18b. KIND C AME (First, Middle, A PAULINE Route Number, City LCO, MD	DAY O7 10 Helden Surmeme) TUBMAN	B. BIRTHPLACE (MARYLAN NTY OF DEATH ICOMICO 10d. IN LII LIVE Y IZEN OF WHAT CO USA 14. RACE — Ame Black, White, Specify: WE DUSTRY	ISIDE CITY MITS? (ES 2 NO DUNTRY?		
4. SOCIAL SECURITY NUMBER 214-07-9723 9. FACILITY NAME (If not institution, give street and number) SALISBURY NURSING & REHAB RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY MARYLAND WICOMICO 10c. STREET AND NUMBER 609 COTTONTAIL DRIVE 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Lest) HOWARD REGINALD ASPLEN 19e. INFORMANT'S NAME (Type/Print) FRANK J. TOBAT 20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	77 YRS. CENTER 10c. CT SAL 1	9b. CITY, TOWN SA TY, TOWN OR LOCAL ISBURY 13. WAS DE If yes, si 1 VE 3 USUAL OCCUPAT work done during m so relired.) MEMAKER ADDRESS (Street BOX 74 OF DISPOSITION (A OTHER GOOD)	ATION OR LOCATION OF D LISBURY ATION DI. ZIP CODE 21801 CENDENT OF HISPA pecify Cuban, Mexic s 2 No Special ION NOST Of working 16. MOTHER'S N. MARY AND MARY 4. QUANTIL	NIC ORIGIN? (Specen, Puerto Rican, et lity: 18b. KIND Company March Middle, March March Middle, March M	tog. CITI In the second of th	B. BIRTHPLACE (MARYLAN MARYLAN	(State or Foreign		
214-07-9723 1 M 2 XF 9e. FACILITY NAME (if not institution, give street and number) SALISBURY NURSING & REHAB RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY MARYLAND WICOMICO 10e. STREET AND NUMBER 609 COTTONTAIL DRIVE 11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11 17. FATHER'S NAME (First, Middle, Lest) HOWARD REGINALD ASPLEN 19e. INFORMANT'S NAME (Type/Print) FRANK J. TOBAT 20e. METHOD OF DISPOSITION 1 X Burlet 2 Cremention 3 Removal from State 4 Donation 5 Other (Specify) 11. SIGNATURE OF DIMERAL SERVICE LIDENSEE	77 YRS. CENTER 10c. CT SAL 1	9b. CITY, TOWN SA TY, TOWN OR LOCAL ISBURY 13. WAS DE If yes, si 1 VE 3 USUAL OCCUPAT work done during m so relired.) MEMAKER ADDRESS (Street BOX 74 OF DISPOSITION (A OTHER GOOD)	ATION OR LOCATION OF D LISBURY ATION DI. ZIP CODE 21801 CENDENT OF HISPA pecify Cuban, Mexic s 2 No Special ION NOST Of working 16. MOTHER'S N. MARY AND MARY 4. QUANTIL	ONTE OF BHRI MARCH MARCH MARC	He 23, 1917 9c. COU W 10g. CITI Hy Yee or No— c.) F BUSINESS/INC TUBMAN or Town, State, Zig.	S. BIRTHPLACE (MARYLAN MARYLAN NTY OF DEATH ICOMICO 10d. IN LN	(State or Foreign		
SALISBURY NURSING & REHAB RESIDENCE OF DECEDENT 10e. STATE MARYLAND WICOMICO 10e. STREET AND NUMBER 609 COTTONTAIL DRIVE 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1 1 17. FATHER'S NAME (First, Middle, Lest) HOWARD REGINALD ASPLEN 19e. INFORMANT'S NAME (Type/Print) FRANK J. TOBAT 20e. METHOD OF DISPOSITION 1 M Burlet 2 Cremention 3 Removal from State 4 Donation 5 Pher (Specify) 11. SECONDARY OF PRINCE LIDENSEE	10c. CT SAL IN U.S. ARMED S 22 NO DATES 16c. DECEDENT'S (Give kind of life. Do NOT L. HO 19b. MAILING P. O 0b. PLACE AND DATE	SA TY, TOWN OR LOCA I SBURY 19. WAS DE If yes, a 1 VE S USUAL OCCUPAT Work done during m are relired. MEMAKER G ADDRESS (Street BOX 74 OF DISPOSITION (A OF DISPOSITION (A OF GOOD OF GOOD	ATION DI. ZIP CODE 21801 CENDENT OF HISPA pselft Cuban, Mexic \$2 No Speci ION MARY and Number or Rural 4, QUANTI	NIC ORIGIN? (Specan, Puerto Rican, et fy: 16b. KIND C AME (First, Middle, N PAULINE Route Number, City LCO, MD	Ing. CITI	ICOMICO 10d. IN LII LII LII LII LII LII LII LII LII L	MITS? (ES 2 NO DUNTRY? prican Indien, etc.		
10e. STATE MARYLAND WICOMICO 10e. STREET AND NUMBER 609 COTTONTAIL DRIVE 11. MARITAL STATUS 1	SAL R IN U.S. ARMED S 2/LANO DATES 160. DECEDENT'S (Give kind of life. Do NOT u HO 19b. MAILING P. O 0b. PLACE AND DATE	ISBURY 13. WAS DE II yes, a 1 VE B USUAL OCCUPAT Work done during m se relired.) MEMAKER G ADDRESS (Street BOX 74 OF DISPOSITION (A OF DISPOSITION (A OF GOOD	DI. ZIP CODE 21801 CENDENT OF HISPA pecify Cuban, Mexic s 22 No Speci ION Nost of working 16. MOTHER'S N. MARY and Number or Rural 4, QUANTI	AME (First, Middle, N PAULINE Route Number, City	of Business/inc taiden Surneme) TUBMAN or Town, State, Zip.	IZEN OF WHAT CO USA 14. RACE — Ame Black, White, Specify: WE	MITS? (ES 2 NO DUNTRY? prican Indien, etc.		
10e. STREET AND NUMBER 609 COTTONTAIL DRIVE 11. MARIAL STATUS 1	180. DECEDENT'S (Give kind of life. Do NOT L	13. WAS DE If yes, at 1 VES USUAL OCCUPAT Work done during me retired.) MEMAKER ADDRESS (Street BOX 74 OF DISPOSITION (A Other place) OF GOOD	21801 CENDENT OF HISPAR pecify Cuban, Mexic S 2 No Specification ION ION ION ION MARY And Number or Rural A, QUANTI	AME (First, Middle, N PAULINE Route Number, City	of Business/inc taiden Surneme) TUBMAN or Town, State, Zip.	USA 14. RACE — Ame Black, White, Specify: WE	OUNTRY?		
11. MARTAL STATUS 1 Never Married 2 Married 1 Never Married 2 Never Married 1 Never Married	16e. DECEDENT'S (Give kind of life. Do NOT L 19b. MAILINI P. O Ob. PLACE AND DATE	13. WAS DE If yes, a If ye	21801 CENDENT OF HISPAR pecify Cuban, Mexic S 2 No Specification ION ION ION ION MARY And Number or Rural A, QUANTI	AME (First, Middle, N PAULINE Route Number, City	of Business/inc taiden Surneme) TUBMAN or Town, State, Zip.	USA 14. RACE — Ame Black, White, Specify: WE	orican Indien, etc.		
1 Never Married 2 Married 3 Married 3 Married 3 Married 3 Married 4 Divorced FORCES? 1 YES, GIVE WAR OR 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 11 17. FATHER'S NAME (First, Middle, Last) HOWARD REGINALD ASPLEN 19e. INFORMANT'S NAME (Type/Print) FRANK J. TOBAT 20e. METHOD OF DISPOSITION 1 Married 2 Cremation 3 Removal from State 4 Denation 5 Cher (Specify) 1. SUNATURE OF FUNERAL SERVICE LIGENSEE	16e. DECEDENT'S (Give kind of life. Do NOT L 19b. MAILINI P. O Ob. PLACE AND DATE	B USUAL OCCUPAT work done during m se relired.) MEMAKER G ADDRESS (Street BOX 74 OF DISPOSITION (A OF DISPOSITION (A OF DISPOSITION (A	ION Special Sp	AME (First, Middle, N PAULINE Route Number, City	talden Surreme) TUBMAN or Town, State, Zig.	Black, White, Specify: WE	etc.		
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 1 1 17. FATHER'S NAME (First, Middle, Lest) HOWARD REGINALD ASPLEN 19e. INFORMANT'S NAME (Type/Print) FRANK J. TOBAT 20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Removal from State 4 Donation 5 Cher (Specify) 21. SIGNATURE OF JUNERAL SERVICE LICENSEE	(Give kind of life, Do NOT Life	work done during m mee retired.) MEMAKER GADDRESS (Street BOX 74 OF DISPOSITION (N OF DISPOSITION (N OF GOOD OF GOOD	16. MOTHER'S N. MARY and Number or Rural 4 , QUANT	AME (First, Middle, N PAULINE Route Number, City LCO, MD	talden Surneme) TUBMAN or Town, State, Zip				
HOWARD REGINALD ASPLEN 19e. INFORMANT'S NAME (Type/Print) FRANK J. TOBAT 20e. METHOD OF DISPOSITION 1 X Burlei 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE LICENSEE	19b. MAILING P. O	a ADDRESS (Street BOX 74 OF DISPOSITION (N OF GOOD OF GOOD	MARY and Number or Rural , QUANT]	PAULINE Route Number, City CO, MD	TUBMAN or Town, State, Zip	o Code)			
19e. INFORMANT'S NAME (Type/Print) FRANK J. TOBAT 20e. METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Ther (Specify) 1. SIGNATURE OF THERAL SERVICE LIGHTSEE	P. O	BOX 74	and Number or Rural 4, QUANT	Route Number, City	or Town, State, Zip	o Code)			
FRANK J. TOBAT 20e. METHOD OF DISPOSITION 1	P. O	BOX 74	QUANT	CO, MD		Code)			
20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 11. SIGNATURE OF FUNERAL SERVICE LIGENSEE	0b. PLACE AND DATE	OF DISPOSITION (A	lama of		21856				
1 N Burlet 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 21. SIGNATURE OF UNERAL SERVICE LICENSEE		OF GOOD							
23. PARTY I. Enter the diseases, or complications that cause			COUNSEL		SECRETA	City or Town, State	•		
	ed the death. Do	P. 0.	AND ADDRESS OF FE ER FUNERA BOX 207	, EAST	NEW MAR	KET, MD	ET, 2163		
IMMEDIATE CAUSE (Final disease or condition resulting in death) But 10 (OR AS	A CONSEQUENCE O		Lero	2			nterval Baty Onset and D		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that leithed awards or University of the leithed awards.) DUE TO (OR AS A CONSEQUENCE OF):									
that initiated events resulting in death) LAST	A CONSEQUENCE C	PF):							
PART II. Other algnificant conditions contributing to death	but not resulting	in the underlylr	ng cause given in	PI	AS AN AUTOPSY ERFORMED?	OF DEA	AUTOPSY FINDS BLE PRIOR TO ETION OF CAU- ITH? ES 2 \(\square\) NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Ou	26. PLACE OF DEATH (Check only one) THER: Call ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)								
27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	Y 28b. TIN	JURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE	HOW INJURY OC	CURED			
2 Accident 3 Suicide B Could not be determined 28e. PLACE OF INJUR 4 Homicide determined	RY — At home, farm, pecify)	street, fectory, offi	ce	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knoone) 2 MEDICAL EXAMINER: On the basis of examination							enner ee state		
296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER 3	29d. DAT	E SIGNED (MOHIN,	Day, Year)		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF O			SALTER	URY MD	21801	7.7.			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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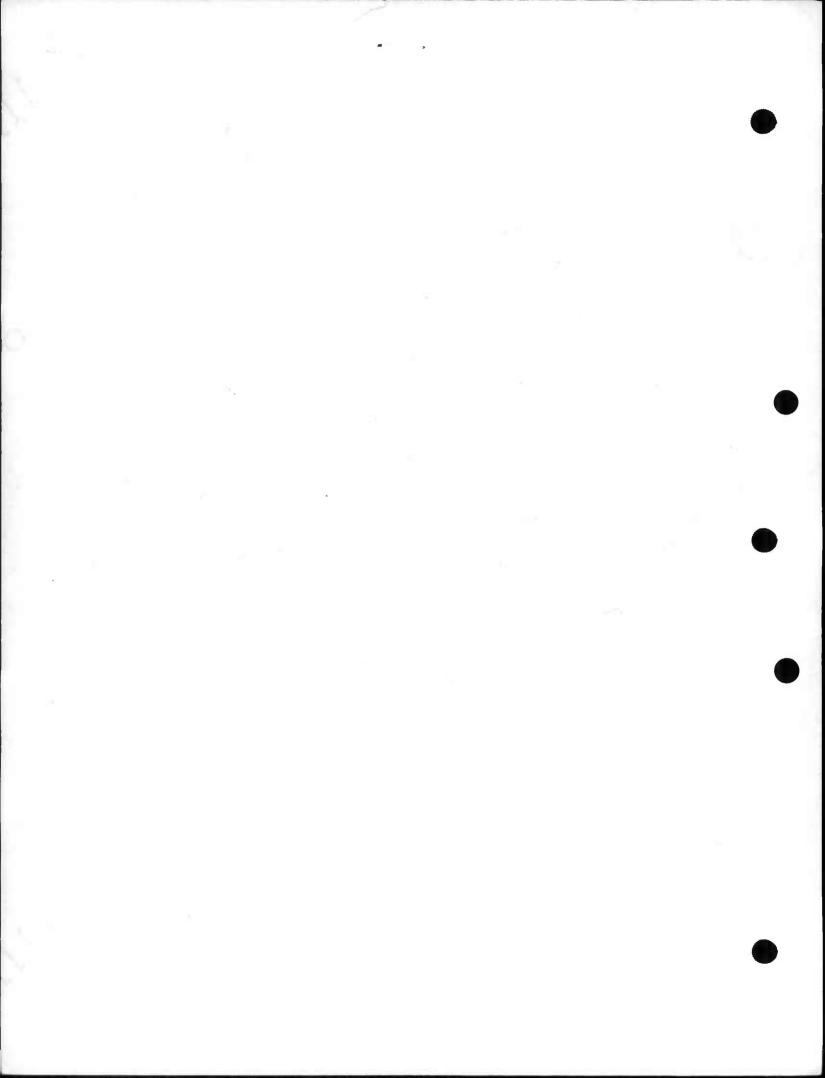
	1 - STATE REGISTRAR	SINIE OF MINITE			F DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	VALLIAN				2. DATE OF DEATH MONTH D	AY Y	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign			
	214-30-1513	1 □ M 2 □XF 86	YRS.	MONTHS DAYS	HOURS MIN.	Feb. 24, 19	108	Country) Maryland			
	9a. FACILITY NAME (If not institution, give	9a. FACILITY NAME (If not institution, give street and number)			OR LOCATION OF D			Y OF DEATH			
OR	Northwestern Hospital Center			Randallstown				Baltimore			
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	γ	100 CIT	Y, TOWN OR LOC	PATION						
DIRECTOR					ville			10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	artimore.			VIIIE		10g. CITIZE	1 XYES 2 NO			
FUNERAL	7200 Third Ave.	Fairhave	n		21784			S.A.			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS D	ECENDENT OF HISPA	NIC ORIGIN? (Specify Yes		I. RACE — American Indian,			
В	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES			ES 2 XIO Specif	in, Puarto Rican, etc.) y:		Specify: White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S (Give kind of	work done during i		16b. KIND OF BU	SINESS/INDUS	STRY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	To o o hor			0.1	•				
M	17. FATHER'S NAME (First, Middle, Lest)		Teache	r	1	Schoo					
	William John Mc	Carthy				Tegeder	Surname)				
BE	19a. INFORMANT'S NAME (Type/Print)	- III	19b. MAILING	ADDRESS (Stree		Route Number, City or Yow	n State Zin C	orde)			
2	James A. Vallian		P.O. 1	Box 788	205 Gree	n St. St,	Mi chae	els, Md. 21663			
	20a, METHOD OF DISPOSITION 1 A Burlet 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	loval from Stata	netery, cremetory or of Trini	of disposition (ther place) ty Ceme				y or Town, State ch Creek Md.			
	21. SIGNATURE OF FUNERAL SERVICE LI		••	22. NAME	AND ADDRESS OF FA	CILITY					
,	+ Hausen	2. Leona	w	Harr 312	ison E. L S. Talbot	eonard Fun St. St. M	eral H ichael	lome 21663 s, Maryland			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition										
	disease or condition reaulting in death) a. KCS Protory failure BUE TO (OR AS A CONSEQUENCE OF):										
HILCALION	Sequantially list conditions, if any, leading to immediate	if any, leading to immediate									
2	CAUSE (Disease or injury that initiated events										
=	resulting in death) LAST	4		. ,							
5	2407 11 011 1 111 111	6.									
CAL	PART II. Other significant condition	RT II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOP. PERFORMED? 1 YES 2 19-NO						24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE			
MED								OF DEATH?			
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?										
PHYSICIAN:	1 YES 2 NO	1 Stripetient 2 ER/Out		4 🗆 Nursing No	ome 5 - Residence						
- 11	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY	NJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCU	RED			
D BY	2 Accident Investigation 3 Suicide & Could not be	28a. PLACE OF INJUR	Y — At home, ferm,			28f. LOCATION (Street and Number or Rural Route Number,					
	4 Nomicide detarmined	Duliging, etc. (Specify)									
COMPLEIE		SICIAN: To the best of my know ER: On the bests of examination						cause(a) and manner as stated.			
	296. SIGNATURE AND TITLE OF CERTIFIE				29c, LICENSE NU			SIGNED (Month, Day, Year)			
D DE	Syrate	3			1404	91	10	9.07.1994			
-	30, NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type		dals To	n 2	1133				
	31. DATE FILED (Month, Day, Year) SFP 9 19	PA STENANTS SIGN	NATURE Rand	COOR		·					

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE HOSPITAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

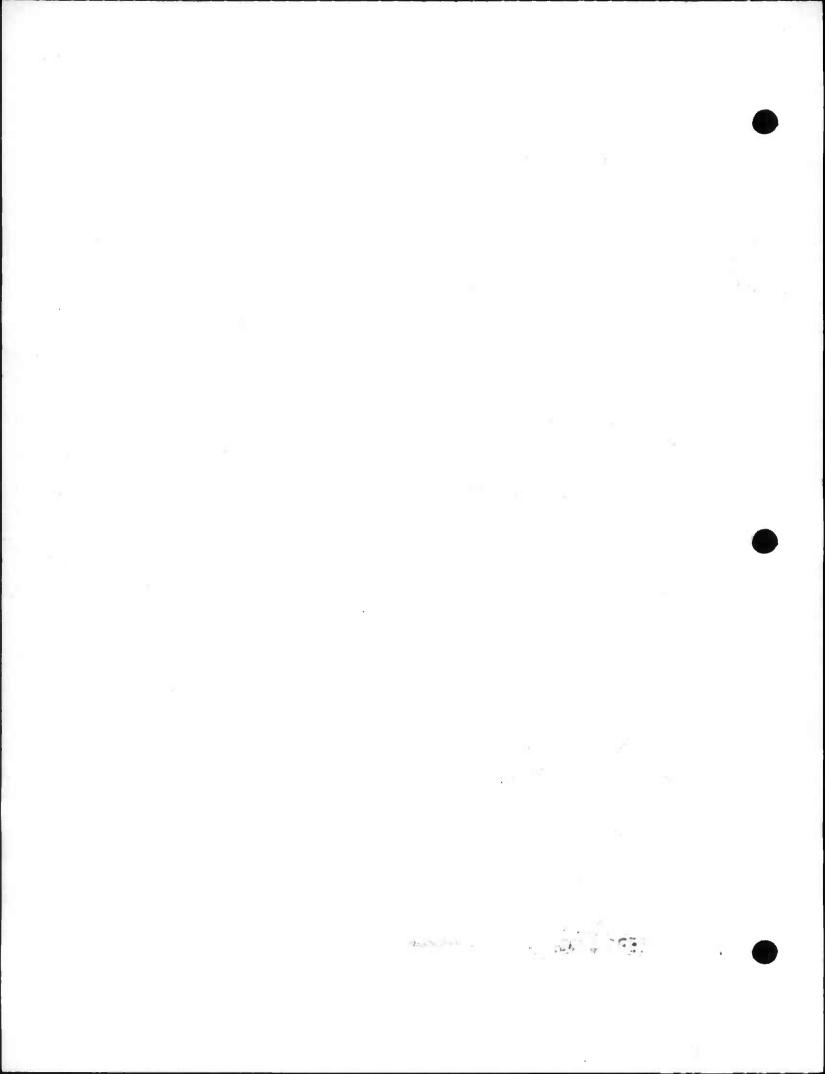


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1. DECEDENT'S NAME (First, I	Adiololic I n-m			CERTIF	IOAII	LOI	DLAI			G. NO.		I a sure se
	1. DECEDENT'S NAME (FIRST, I	LAWR]	ENCE	WR	IGHT					2. DATE OF DE MONTH Sept.	14 1994	YEAR	6:00 a.m.
	4. SOCIAL SECURITY NUMBE		5. SEX	6. AGE	(In yrs. last birthday)		R 1 YEAR	IF UNDER 2	4 HRS.	7. DATE OF BIE	TH .	8. BIFT	THPLACE (State or Foreign
	215-09-5119)	17€ M 2 □ F	88	YRS.	MONTHS	DAYS	HOURS	MIN.	Sep. 1	2 1906		nnsylvania
_	9a. FACILITY NAME (If not inst					9b. CIT		OR LOCATIO	N OF DEA			UNTY OF	
DIRECTOR	1	lirst D	rive				Ca	mbrid	ge		I	Dorch	nester
2	RESIDENCE OF DECE	10b. COUNTY			10c, CI	TY, TOWN	OR LOCAT	TION					10d. INSIDE CITY
旨	Maryland	Do	orcheste	er			Cam	bridg	e				LIMITS?
	10e. STREET AND NUMBER						_	. ZIP CODE			10g. CI	ITIZEN OF	WHAT COUNTRY?
ER		6 Hirs	st Drive	е					21	613	347.5	U.S	S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 N 3 Wildowed 4 Divorce	Married	12. WAS DECEDEN FORCES? IF YES, GIVE Y	YES	2 1 NO		If yes, sp	ecity Cuban		C ORIGIN? (Spe Puarto Rican,	etc.)	Bia	CE - American Indian, ack, White, atc.
		EDENT'S EDUCA	TION		16a. DECEDENT'S	S LIGHTAL O	CCLIDATI/	DAL	_	T see Kind	OF BUSINESS/III	HOUGTON	
ETE	(Specify only :	highest grade co	ompleted)		(Give kind of	work done	durina ma	ost of working		166, KIND	OF BUSINESS/IF	NDUSTRY	
PL	12	-12)	College (1-4 or 5	+)	constru	ctio	n in	spect	or	stat	e highw	vay o	department
COMPLETED	17. FATHER'S NAME (First, Mid							_			Maiden Surname)		
BE C	JO:	SEPH 1	LAWRENC)	E W.	RIGHT				AD	ELLA	HANNAH	LEI	EΚ
TO B	19a. INFORMANT'S NAME (Typ										y or Town, State, 2	Zip Code)	
F	Mrs. Doris	W. Jone	es		205	Oak	St.,	Camb	ridg	e MD 2	1613		
	20a. METHOD OF DISPOSITIO	n 3 🗆 Remov	al from State	201	b. PLACE AND DATE	other place	SITION (Ne	eme of			20c. LOCATION -		
	4 Donation 5 Other ((Specify)		_ 007	netery crematory or Salisbur						Salisbu	iry N	Maryland
	21. SIGNATURE OF FUNERAL				1	22.	. NAME A	ND ADDRES	S OF FAC	LITY	D		
	9 Des	. 77 .			/ 1					ino	mas run	nera.	L Home
	23. PART I. Enter the dis shock, or her IMMEDIATE CAUSE (Fine disease or condition	seeses, or coleant fellure. Li	mplications the	at couse	d the death. Do					Cambr	idge MI	216	Approximete Interval Betw
ERTIFICATION	23. PART I. Enter the dis shock, or he IMMEDIATE CAUSE (Fine	seeses, or consert fellure. Likelete hons, diete NG	mplicationa the	OR AS	d the death. Do sech line. A CONSEQUENCE C	Por enter				Cambr	idge MI	216	Approximete Interval Betw
L CERTIFICATION	23. PART I. Enter the disshock, or height in the dissess or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events resulting in death) LAST	seeses, or consert fellure. Likeled	pue to	of couse on e	A CONSEQUENCE O	not ente	es (i Ta	lg, such	Cambr	idge MD) 216	Approximate Interval Betwonset and Do
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BY PHYSICIAN: MEDICAL	23. PART I. Enter the dissect, or height to be a shock, or height to be a shock or height to be a	seeses, or consert fellure. Little left in the left in	DUE TO DUE TO DUE TO CONTributing to HOSPITAL: Inpetient 2 28a. DATE Of (Month, I) 28a. PLACE Of Each PLACE (Month)	(OR AS) (OR AS) (OR AS)	A CONSEQUENCE CONS	OTHE 4 Number of ME OF HURRY	inderlying	g cause gi	ven in P	cambr ea cerdlec o tart I. 24a. 1 Other (Spec 28d. OESCRIBE	WAS AN AUTOPS' PERFORMED? YES 2 (DNO	216 arrest,	Approximete Interval Betw Onset and D Onse
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BE COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the dissect, or height in the dissection of the	ons, diete on the conditions of certifier of	DUE TO DUE TO DUE TO DUE TO CONTributing to Contributing to AN: To the best of the b	COR AS (OR AS)	A CONSEQUENCE OF A CONS	OTHE 4 Number of the land at the land in my	26. PI STEP Time, deta Spinlon, d	g cause gi	ven in P ATH (Check and dus to distribute the tiles	cambr ea cerdlec o cart I. 24a. 1 Other (Special City or Now 2861. LOCATION City or Now the cause(s) if	WAS AN AUTOPS: PERFORMED? YES 2 DAYO (Street and Number, State) and manner as at lace, and dua to	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Approximet Interval Bet Onset and I Onset

TO RE COMPLETED BY ELIN	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use as the but and	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the transmitteness and a second by the attending physician and completely filled in by the transmitteness and the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ter death. Page 8 may be retained by the hospital of extending paragidan	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with flours with death. Page 8 may be makined by the hospital observations and the makined by the hospital observations and the hospital observations are considered.
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760
CANADA	

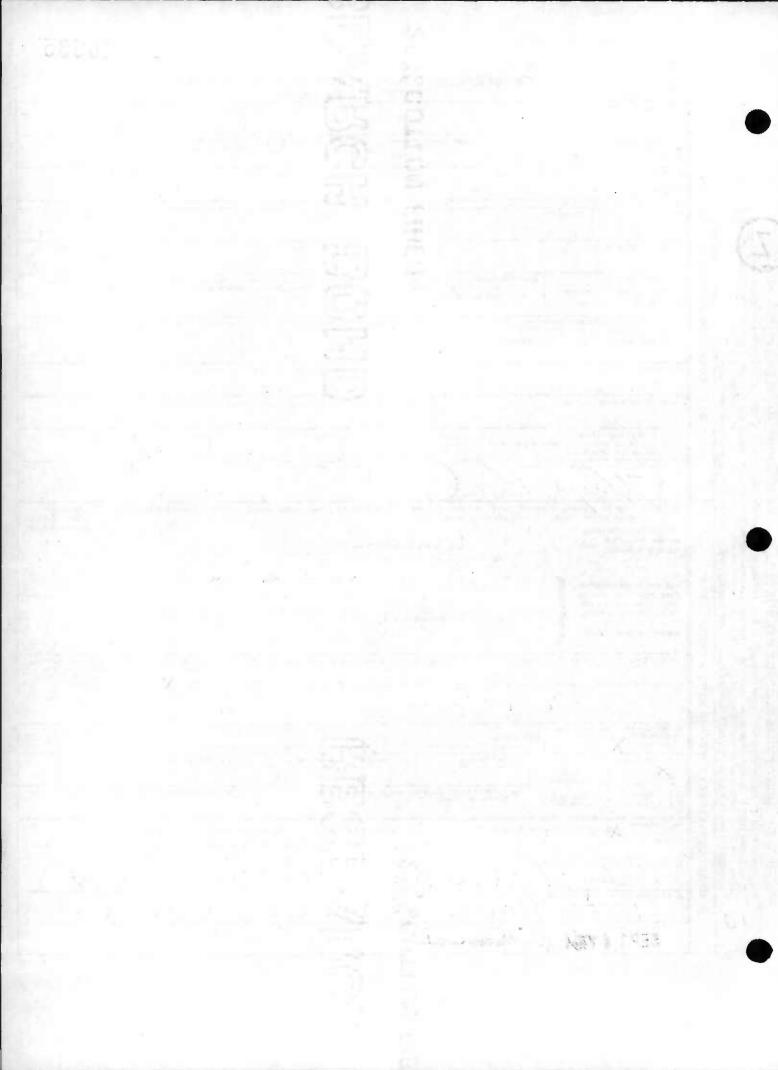
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT ICATE	OF H	EALTH DEAT	AND N	IENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH
	RONALD HEN	IRY W	HETSELL	SR.				09 12		94	13:50 P M
	4. SOCIAL SECURITY NUMBER 5	5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign
	220-30-8636	M2 □ F 56	YRS.	MONTHS	DAYS	HOURS	MIN.	OV 25 1937	7	MARY	LAND
	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CITY,	TOWN C	R LOCATIO				NTY OF DI	ATH
8	MEMORIAL HOSPITAL	& MEDICAL (CENTER	CUMB	ERL	AND			A)	LLEGA	NY
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		40- 0/7	Y. TOWN O						T	
E		EC A NIV								1	10d. INSIDE CITY
	MARYLAND ALLE 100. STREET AND NUMBER	EGANY	((MBER	_	ZIP CODE	_		40 - 0/7	17511 05 11	1 YES 2 NO
RA	507 FREDERICK STRE	ren			"	2150			U.S.A.		
FUNERAL		2. WAS DECEDENT EYER IN	U.S. ARMED	13 W	MS DEC			C ORIGIN? (Specify Yee			- American Indian,
	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO	14	yes, spe		, Mexicen	, Puerto Ricen, etc.)	07 140-	Bleck	, White, etc.
A	3 Widowed 4 Divorced	1956-1959				2 110	эрвену.			Specif	WHITE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co		16e. DECEDENT'S (Give kind of s				,	166, KIND OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)							
MP	12		SALESMAN	V-FOR	D A)-OWN	ER OF CAFE
8	17. FATHER'S NAME (First, Middle, Last)							IE (First, Middle, Maiden	Surname)		
BE	CHARLES WHETSELL 190. INFORMANT'S NAME (Type/Print)							ANDERS			
2	DOROTHY L. WHETSELI							Oute Number, City or Town			21502
1			PLACEANDDATE				EIC			City or Tox	
ŀ	20e, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	il from State					т 15	1994 RFD	FLIT	VTST0	NE MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICEN		JOHN OIL	22. N	AME AN	O ADDRES	S OF FAC	ILITY			
	9 41	II. THE		- 1				FUNERAL HO			DITT LAND
\dashv	23. PART I. Enter the diseases, or con	Territore that course	I the death Do					REET CUMBI			
ł	snock, or heart fellure. Lis	it only one couse on e	ech line.	iot elitel t	me mo	de oi dyii	ng, sucn	as cerdiac or respii	ratory ar	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition	10	Vat.	/		1	.0				Onset and Death
ŀ	resulting in deeth) e	DUE TO (ON AS A	CONSEQUENCE OF	- CM	ar	ra	Mu	re			5 Days,
-	-	Dilated	951	her	111		Car	do in mate	bart	Sh.	V
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F):	~	- /	Cocc	DI CONTRACTOR	Pul	yny	
S	rany, leeding to immediate cause. Enter UNDERLYING COMPANY Actory Disease or Injury										
	that initieted events resulting in deeth) LAST	OUE TO (OR AS A	CONSEQUENCE OF	n: ()							
H	d.										
CAL	PART II. Other significent conditions of	contributing to death b	ut not resulting	in the unc	derlying	ceuse g	Iven in F	Part I. 24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
	Ventericular	Asshytt	mas					PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä											OF DEATH? 1 ☐ YES 2 ☑ NO
÷	DID TOBACCO USE CONTRIE	BUTE TO CAUSE O	F DEATH YE	S 🗆 N	10 🗆	UNC	ERTAIN	×			7
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
<u>š</u>		OSPITAL: Inpstient 2 - ER/Outp	atlent 3 DOA	OTHER:		5 🗆 Rec	sidence 6	□ Other (Specify)			
E	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF :	28c. INJI			28d. OEŞCRIBE HOW IN	JURY OC	CURED	
B	Netural 5 Pending Investigation			INJURY WORK? 1 YES 2 NO					_		
	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, ferm, s ify)	treet, factor	ry, office)		26f. LOCATION (Street a City or Town, State)	at and Number or Rural Route Number,		
COMPLETED										7	
절		N: To the best of my knowl									
Į	MEDICAL EXAMINER:	On the besis of examination	end/or investigatio	n, in my op	Inlon, de	eath occure	d at the t	lme, date end piece, end	due to th	ne ceuse(e)	end menner ee stated.
BE (296. SIGNATURE AND DIFLE OF CERTIFIED	ela MX				29c. LICE	NSE NUMI	BER	29d. OAT	E SIGNEO	(Month, Day, Year)
2	///	THE WAR	·			D	1792	0	▶ 7	-/-	3-1994
_	DR. N. SAHETA, MEMO				MD	MD	2.1	502			
	31. OATE FILED (Month, Day, Year)			CKLA	Νυ,	LID	21	502			
	SEB 1 4 1004	22. REGISTRAR'S SIGN	DIRE								



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR W11_7 7:00 Septembe 94 4. SOCIAL SECURITY NUMBER 7. OATE OF BIRTH (Month, Day, Year) Dec. 19 5. SEX 6. AGE (In vrs. last birthday DAYS 705-05-819 95 YRS. HOURS 1 M 2 - F 1898 Md. 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Cumberland Nursing Center Cumberland Allegany RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Allegany Westernport 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 229 Vine St. 21562 US 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noretained by the hospital or attending; physicil BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerio Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 🔯 Widowed 4 🗌 Divorced White use as ETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe ō Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Station Agent & Clerk be detached Railroad Once. 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 76 Lincoln Wilt Fannie Blocher BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Elaine Harrison 340 Queen St. McCoole, Md. 21562 pe 20s. METHOD OF DISPOSITION

1 X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 26c. LOCATION — City or Town, State DATE must Donation 5 Other (Specify) Philos Cemetery 9-15-94 Westernport, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY
Boal Funeral Home AL 111 Church St. Westernport, Md. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory strest, ahook, or heart failure. List only one cause on each line. Approximate Interval Between 0 IMMEDIATE CAUSE (Final Onset and Death the diseese pr condition_ Laeunc and completely i resulting in death) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): me CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) 2 if any, leading to immediate cause. Enter UNDERLYING attending physician CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 6 signed by the atte PART II. Other significant conditions contributing to deeth but not recuiting in the underlying cause given in Part I. 24a. WAS AN AUTOPS' PERFORMED? MEDICAL WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TYES 2 THO OF DEATH? 1 TYES 2 NO PHYSICIAN: certificate has been the State Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA rsing Home 5 - Residence 6 - Other (Specify) 0 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED this c marked, Natural 1 YES 2 NO DIRECTOR: After the hours after death vice at the boath vice at th BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 3 Sulcide 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE be filed within 72 hours at IMPORTANT: If Item 21 29s. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: Or ion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE N 2 30. NAME AND ADDRESS OF PERSON WHO C LETED CAUSE OF DEATH (ITEM 27) (Type, Print, 30 32. BEGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) Studen Randell



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3	h with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	extent or item 23 shows any latery or other traumatic event, the medical examiner must be notified at at
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	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND /		TMENT OF I			GIENE			
,	1. DECEDENT'S NAME (First, Middle TOSE OF	JOSEPH	WALLACE	. //	OATE OF	DEATH	2. DATE OF DI		Q's	3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-36-9293	AL SECURITY NUMBER 5. SEX			AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 59 YRS. MONTHS DAYS HOURS MIN.				7. DATE OF BIRTH (Month, Day, Year) 8. BIRTH Country MARY EATH 9c. COUNTY OF DE		
TOR	CHESAPEAKE MA	,								ARU	
DIRECTOR	10a. STATE 10b. (ANNE ARUNDE	L		Y, TOWN OR LOCA NAPOLIS	TION					d. INSIDE CITY LIMITS? XIYES 2 - NO
FUNERAL	10e. STREET AND NUMBER 920 A MADISON	STREET			10	21403				OF WHA	T COUNTRY?
BY FUN	11. MARITAL STATUS 1 X Vivever Married 2 Marrie 3 Wildowed 4 Divorced	FORCES?	ENT EVER IN U.S. AR 1 YES 2 THE WAR OR DATES	MED	If yes, sp	CENDENT OF HISPAN ecity Cuben, Maxica is 2 [X NO Specify	n, Puarto Rican,			RACE — Black, W Specify: LACK	American Indien, hita, atc.
COMPLETED	15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	"S EDUCATION at grade completed) College (1-4 or	(G	ive kind of . Do NOT u	USUAL OCCUPATI work done during m se retired.) LOYED	ON est of working	16b. KINC	OF BUS	INESS/INOUS	TRY	
BE CON	17. FATHER'S NAME (First, Middle, L LLOYD WALLACI					16. MOTHER'S NA LUCY	ME (First, Middle WATKINS	Maiden S	Surname)		
10	192. INFORMANT'S NAME (Typo/Pric ERNEST WALLACE	nt)	5	157 S	ADDRESS (Street SOLOMONS	ISLAND	RD. LOT	y or Town HIAN	State, Zip Go MD.	^{de)} 207	11
	20a. METHOD OF DISPOSITION 1 □ Purial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Special		other of	lenel		metery, cremetory or RCH CEME'	TERY		HIAN,		Stata
	21. SIGNATURE OF FUNERAL SERV	VICE LICENSEE			REESE	& SONS I	MORTUAR			1401	
	IMMEDIATE CAUSE (Final disease or condition	allure. List only one	that caused the decause on each line	9.	0	•		incide:	On The Name		Approximate Interval Between Onset and Death
Z	DUE TO (OR AS A CONSEQUENCE OF):										
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Pleases or labor).										
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other significant co	nditions contributing	to death but not	resulting	in the underlyle	ng cause given in		WAS AN PERFOR	MEO?	AA CI OI	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES 2 NO
CIAN	25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:			26. F	LACE OF DEATH (C)	neck only one)				
PHYSI	1 YES 2 NO	28a. DATE	2 ER/Outpatient : OF INJURY 1, Day, Year)	28b. Til	WE OF 28c. IN	JURY AT ORK?	8 Other (Spi 28d. DESCRIE		JURY OCCU	RED	
B	1 Natural 5 Pendii 2 Accident Invest 3 Suicide 6 Could 4 Homicide determ	not be 28e. PLAC	E OF INJURY — At he	ome, farm,		YES 2 NO	28f. LOCATION City or Tox		nd Number or	Rural Rou	te Number,
COMPLETED	const. oray	G PHYSICIAN: To the best									nd manner as stated.
TO BE CO	296. RIGNATURE OND TITLE OF C	ENTÍFIER	Clench	P	Doctor	29c. HCENSE NU	MBER 1684	ļ.	29d. DATE S	IGNED (N	Sylvania (Sept.)
	30. NAME AND ADDRESS OF PER	NAME OF TAXABLE PARTY.									

DEATH (ITEM 27) (Type, Print)

bwy

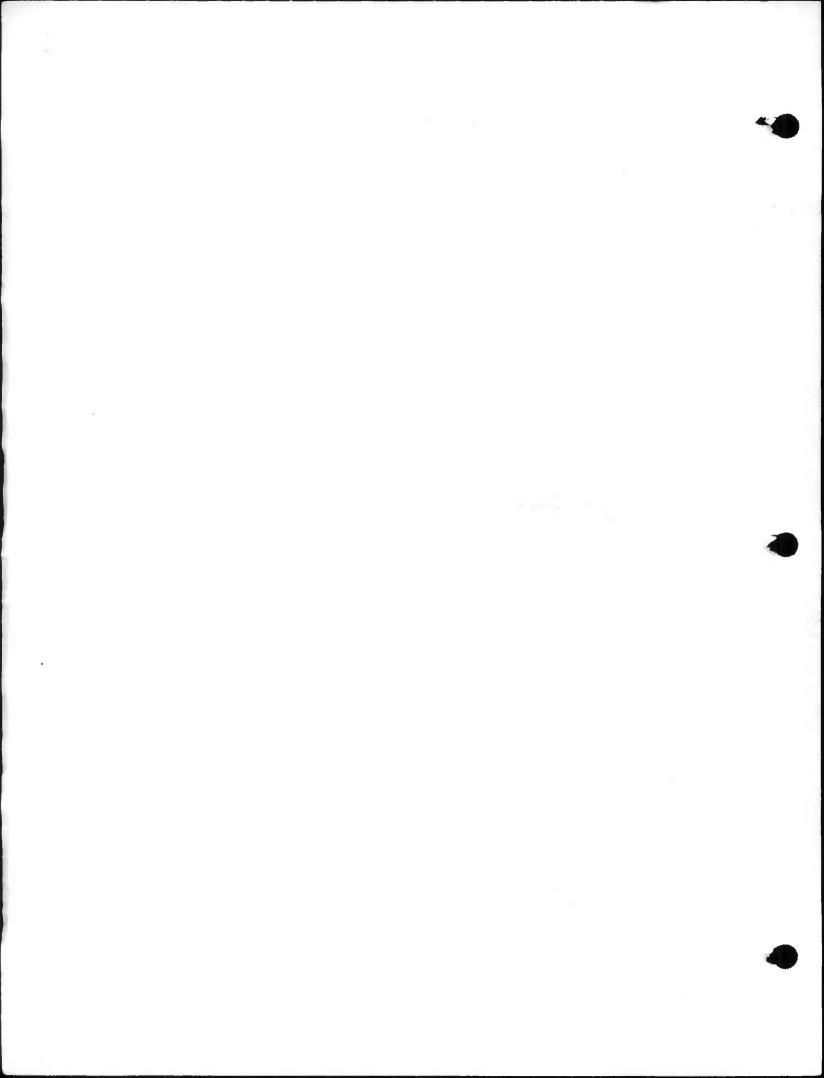
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32. REGISTRAR'S SIGNATURE

YR

SFP12

1994



DIVISION OF VITAL RECORDS, P.O. BOX 687604

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a pour after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit peginibe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND I	WENTAL HYGIEN				
- 1	1. DECEDENT'S NAME (First, Middle, L	•				2. DATE OF DEATH		3. TIME OF DEATH		
		CEE WAI	72			9-17	-94	11 43 M		
	4. SOCIAL SECURITY NUMBER		Mr	NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BI	RTHPLACE (State or Foreign puntry)		
	2-32-60-08/		55 YAS.	b OTY TOWN O	D LOCATION OF BE	(Month, Day, Year) 6/12/39		st"Virginia		
DIRECTOR	Herfund Mo	marial Hay	sitas 6	Laure	de Luc		9c. COUNTY O	e de art		
R	10e. STATE 10b. CO			TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
	Maryland 199. STREET AND NUMBER	Harford	Abe	erdeen	ZIP COOE		La arrana	1 ☐ YES 2 XNO		
FUNERAL	2001 Tower Ro	oad		101.	21001		U.S.	DF WHAT COUNTRY?		
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECI		IC ORIGIN? (Specify Yes	or No.— 14. R	IACE — American Indian		
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X YES		If yes, spe	cify Cuben, Maxices	n, Puerto Ricen, stc.)	8	Black, White, etc.		
		l 1957–1960		1				nite		
COMPLETED	15. DECEOENT'S (Specify only highest g	rade completed)	16e. DECEDENT'S US (Give kind of work life. Do NOT use n	k done durina mas	IN st of working	16b. KIND OF BUS	INESS/INDUSTR	Y		
P	Elementary/Secondary (0-12)	College (1-4 or 5+)	Warehouse			Distri	bution			
Ö	17. FATHER'S NAME (First, Middle, Last))			18. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)			
BEC	Charles E. W	nite			Erma :	Lee Philli	.ps			
0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	DRESS (Street ar	nd Number or Rural F	Route Number, City or Tow.	n, State, Zip Code)		
	Mrs. Janice V					deen, Mary		21001		
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 1 4 Donetion 5 Other (Specify)	Removal from State	o. PLACE AND DATE OF I netary, crematory or other arford Mer	DISPOSITION (National Property of the Property	ne of Cardons		cation — city o	r Town, State Maryland		
	21. SIGNATURE OF FUNERAL SERVICE		arroru Mer	22. NAME AN	D ADORESS OF FAC	CILITY				
	*Kinitar	Arrilli	nolosh	Ta	rring-Ca	rgo Funera Maryland	l Home,	P.A.		
	23. PART I. Entar the disaasaa,	or complications that causa	the death, Do not	entar tha mod	de of dving, auch	as cardiac or raspi	ratory arrest	Approximata		
	ehock, or heart feliu iMMEDIATE CAUSE (Finel disease or condition reaulting in death)	ire i let only des ceuse on s	ach line					intervel Between Onset end Death		
_	iMMEDIATE CAUSE (Finel disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): LUSCIAN Intervel Between Onset end Death									
CERTIFICATION	Sequentially list conditione, If any, leading to immediate cause. Enter UNDERLYING									
Ĕ	CAUSE (Disease or injury that initieted events	OUE TO (OR AS A	CONSEQUENCE OF):							
E	resulting in death) LAST	d								
AL C	PART ii. Other eignificant condi	tions contributing to death b	ut not resulting in t	the underlying	cause given in l	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
SC						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?		
ME							^	1 U YES 2 NO		
ä	DID TOBACCO USE COI				UNCERTAIN	1 🗆 📗				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	LACE OF OEATH (Check only one) OTHER:						
HYS	1 YES 2 □ NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outs 28e. DATE OF INJURY	etlant 3 DOA 4		5 Reeldence	6 Other (Specify) 28d. DESCRIBE HOW II	LILIBY OCCUPET			
BY PI	Netural 5 Pending Investigation	(Month, Day, Year)	INJUR	WOF M 1 TY	RK? ES 2 NO	Zou. DESCRIBE HOW II	SURY OCCURED	,		
COMPLETED	3 Suicide 6 Could not datarminate		— At home, ferm, stre	et, tectory, office		261. LOCATION (Street a City or Town, State)	nd Number or Rui	ral Route Number,		
AP.		HYSICIAN: To the beat of my know								
Ö	MEDICAL EXAM	AINER: On the basis of exemination	44		eath occured at the t	time, date and pieca, and	d dua to the caus	se(a) end menner ee stated.		
TO BE	Subard C	Calden MD	Klartaru	Co.	29c. LICENSE NUM	1E	> 9/1	NED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PRIOR	TOLFER	MD	DAG	TRAPE	TON, MID	210	2010 34		
	31. DATE FILEO (Month, Day, Year)	12. BEDISTRAR'S SIGN	ATURE ATURE							
	SEP 1 9 19	94 Jana wave	In Wardani							

1	-	FOR STATE REGISTRAR
	-	

	1 - STATE REGISTRAR		CATE OF		REG. NO.	100			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH		
	John Henry Wellinger,		Sept. 18, 1994						
		GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		BIRTHPLACE (State or Foreign		
- 1	219-20-0235 1₺ № 2 🗆 ೯ 6	7 YRS.	MONTHS DAYS	HOURS MIN.	Oct. 25, 19	26	Country)		
OR	9a. FACILITY NAME (If not institution, give street and number) 13035 Little Antietam Road		96. CITY, TOWN OR Hagerst			9c. COUNT	of DEATH lington		
5	RESIDENCE OF DECEDENT								
DIRECTOR	Maryland Washington	10c. CITY	r, town on Location Hagerst				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	13035 Little Antietam Road		101, 2	21740			N OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2X NO		ify Cuban, Mexica	NC ORIGIN? (Specify Yes n, Puerto Rican, etc.) /:	or No 14	Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary(Secondary (0-12) College (1-4 or 5 +)	(Give kind of w	usual occupation work done during most retired.)		16b. KIND OF BUS	INESS/INDUS			
MC	17. FATHER'S NAME (First, Middle, Last)	11000		16 MOTHER'S NA	ME (First, Middle, Malden	Sumama)			
BE CC		nger, Sr.		Opal	Delosi				
TO B	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Town	n, State, Zip Co	ode)		
F .	Sara J. Horn	16328	Broadfor	rding Ro	oad Hagers	town,	Maryland 21740		
	20a. METHOD OF DISPOSITION 1 🔀 Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE C competery, crematory or of ROSE HILL	of Disposition (Name there place)	e of			y or Town, State wn, Mary Land		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND	ADDRESS OF FA	CILITY				
	E 60 B	/		ld N. Mi cal Home			Potomac Street own, Maryland		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
CE	d								
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to deat	h but not resulting i	n the underlying	cause given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			CE OF DEATH (Ch	eck only one))			
S	1 YES 2 NO HOSPITAL:	Autpatient 3 🗆 DOA	OTHER: 4 Nursing Home	5 🗆 Residence	6 ☐ Other (Specify)	NOVA	r home		
	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Yee		URY WOR		28d. DEŞCRIBE HOW II	NJURY OCCU	RED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide setermined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)								
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my known one) 2 MEDICAL EXAMINER: On the basis of examina								
TO BE	296, SIGNATURE AND TITLE OF CONTIFIER		-	29c. LICENSE NUN	ABER 86	29d. DATE,	IGHED (Mohit) pool Youth		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print) LQ	ensto	wu M	021	740		
	SEP 2 11994 July Sandar R								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Tours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

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detached for use

funeral director, page 5 should be

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traumatic event, the medical examiner must

npletely filled in by the cremation, or removal.

attending physician and completely

Health and Ment

been has be Dept. c certificate h 10 华 with t marked, BY

FUNERAL DIRECTOR: After within 72 hours after death

28 is i

COMPLETED

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3 Suicide

4 Nomicide

prior to burial.

injury, or other Mental Hydiene

ours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760 HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT: If Item 21

28539 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 9.50an M VILLIAM 14N 10 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH A. BIRTHPLACE (State or Foreign 214-09-9264 94 1 M 2 F 3-21-1900 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN Colton Villa Nursing Home Hagerstown. Washington FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Washington Big Pool, MD. 1 - YES 2- NO 10e, STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11315 Homestead 21711 Dr. U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 7 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerlo Rican, atc.) 14. RACE — American Indien, Black, White, atc. 1 Never Married 2X Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced White X COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) Assembly College (1-4 or 5+) Worker Victor Products Co. 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Sumame) Franklin A. Zimmerman Eliza 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Sarah Secrest Zimmerman 11315 Hemestead Dr. Big Pool. MD. 21711 20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 26c. LOCATION — City or Town, State Cemetery 9-15-1994 4 Donetlon 5 Other (Specify) Clear Spring, MD 22. NAME AND ADDRESS OF FACILITY Thompson Funeral Home, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSES P.O.Box 310 Clear Spring, MD.21722 23. PART I. Epfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or haart failure. List only one cause on each line. nterval Between IMMEDIATE CAUSE (Final Onaet end Daath diseese or condition ATHEROSCLEROTIC CARPID VASCULAR DISENSE BHOMY & DUE TO (OR AS A CONSEQUENCE OF): resulting in death) DEMENTIA 5 YEARS CERTIFICATION Sequentially list conditiona, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): that initiated events PHYSICIAN: MEDICAL INGS

PART II. Other algnificant condition	s contributing to deeth but not resulting l	n the underlying ceuse given in i	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINE AWAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Che	ck only one)						
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)								
27. MANNER OF DEATN 1 Netural 5 Pending		OF 26c. INJURY AT WORK? M 1 YES 2 NO	26d. DESCRIBE HOW INJURY OCCU	JRED					

CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and man 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time,

26e. PLACE OF INJURY — At home, farm, street, factory, office

29b. SIGNATURE AND TITLE OF CERTIFIES LICENSE NUMBER 29d. DATE SIGNED (Month Day Year)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

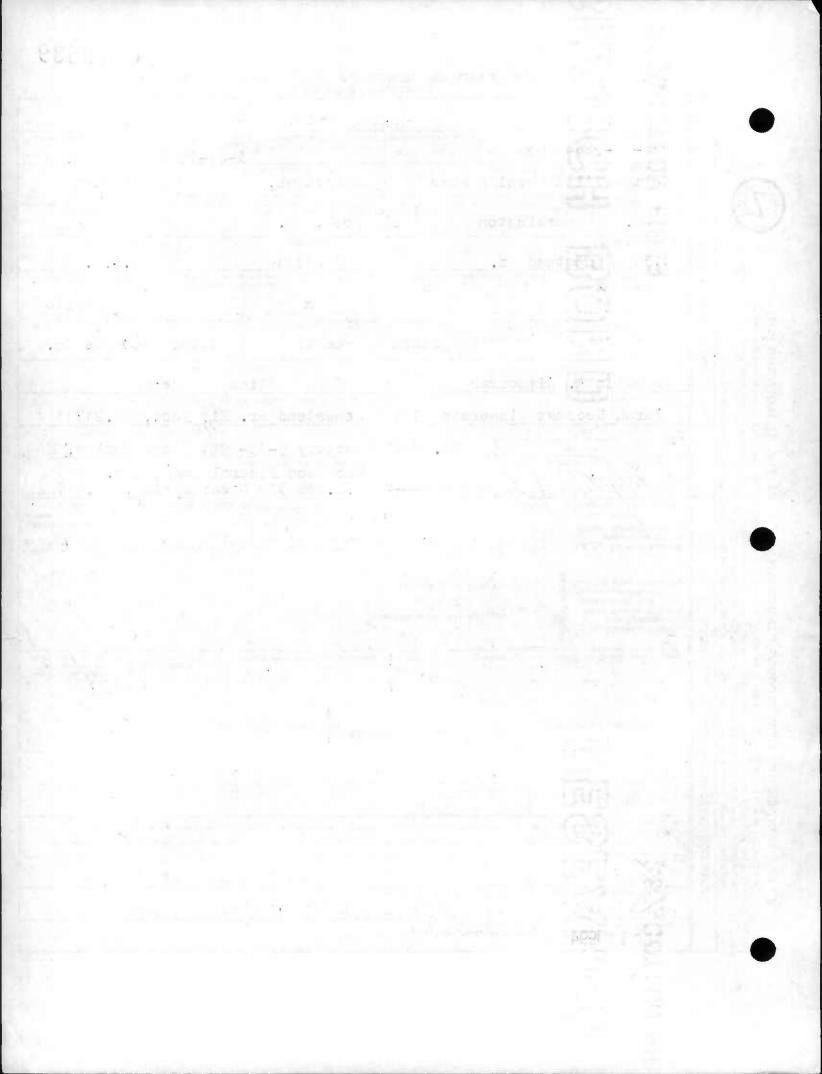
368 MIL TRBB

283

31. DATE FILED (Month, Day, Year) 32, REGISTRAR'S SIGNATURE SEP 1 4 1994

281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Inlury, or other traumatte event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTMENT OF		MENTAL HYGIEI		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF OEATH
1 1	LEE AND	ERSON			0,911	L 91	14:25%
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday) IF UNDER 1 YE		7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
	217 01:2084 90. FACILITY NAME (If not Institution, gird	street and number)	YRS. MONTHS DA	YN OR LOCATION OF DE	(Mg/mh, Day, Year)	894	N.C.
IOR I	Vhiberty 9	hed. Cer	Tex BB	1/imove	Cita	9c. COUNTY	OF DEATH
[[RESIDENCE OF DEFEDENT	TY U	10c. CITY TOWN OR LE	CATION	A		10d. INSIDE CITY
DIRECTOR	Manyland		BAIT	nove			LIMITS?
AL AL	100. STREET AND NUMBER	1		10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	2107 Elisno	ore HUE	d	2121	6	I U.	SIH.
15	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES		DECENOENT OF HISPAN , specify Cubgar, Mexica		es or No 14	. RACE — American Indian, Black, White, atc.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR		YES 2 40 Specify			Sporting!
ED E	15. DECEDENT'S ED	IICATION	18a. DECEDENT'S USUAL OCCUI	ATION	Tank MINID OF D		SIBCIC
ETE	(Specify only highest grad	le completed)	(Give kind of work done during life. Do NOT use retired.)	most of working	16b. KIND OF BI	DSINESS/INDUS	IHT
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	,				
COMPL	17. FATHER'S NAME/(First, Middle, Last)	1		18. MOTHER'S NA	ME (First, Middle Maide	n Surname)	-
	W. Kon	Hnders	ÓNG	1/1/:	0 40	pina	Tow
BE	19a. JNFORMANT'S/NAME (Type/Print)		19b. MAILING ADDRESS (Str	eet and Number or Rural I	Spute Number, City or To	wn, State, Zip do	ode)
2	Thrs. Lessie	Smith	1418N.E.	1/Town /	ve. Br	2/1/ma	re md-21217
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Res	20	b. PLACEAND DATE OF DISPOSITIO	(Name of	DATE 20c. L	CATION - City	y or Town, State
	4 Oonation 5 Other (Specify)	moval from Stata	refer gram from or other place)	Them Taxi	b B	Alla	Como
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /	22 NAM	E AND ADDRESS OF FA	CHAST ILLS 1	CINE	ral Home
	Harol	1/1//	11/	seplial	the	2 ani	12 6 12.21
	23. PART I. Enter the diseases, or	complications that cause	ed the death. Do not enter the	mode of dylan suc	h as cardiac or rea	niratory arrest	t, Approximata
	shock, or heart fallura	. List only ona cause on	each lina.			piratory arroa	Interval Between
	IMMEDIATE CAUSE (Final disease or condition					-	Onset and Death
	reaulting in death)	a. ON COR AS	A CONSEQUENCE OF:	11 Aus	PATLU	412	
2		· nin	some P	105000	11 cpm	()	
2	Sequentially list conditions, if any, leading to immediate	-	A CONSEQUENCE OF):			CINCO	1111
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	с.					
E	that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):				
CERTIFICATION	resulting in death) LAST	d					
AL C	PART II. Other significant condition	ons contributing to death	but not resulting in the under	ying cause given in	Part I. 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
. S					PERFO	PRMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEDIC					1 TYES	2 NO	DF DEATH?
Σ	DID TOBACCO USE	CONTRIBUTE TO	CALISE OF DEATH	YES I NO			1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO		B. PLACE OF DEATH (Ch			
SIC	EXAMINER?	HOSPITAL:	QTHPR:	Home 5 Realdence			
Ŧ	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c	INJURY AT	28d. DESCRIBE HOW	INJURY OCCUP	RED
ВУР	1 Natural 5 Pending 2 Accident Investigation		M 1	WORK?			
	3 Suicide 8 Could not be	28a PLACE OF IN ILIE	IY — At home, ferm, street, factory,	office	281. LOCATION (Stree		Rural Route Number,
Ш	4 Homicide determined		ownyy		City or Town, State	8)	
COMPLETED	290. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the beat of my kno	wladga, death occurred at the time,	data and place, and dua	to the cause(s) and m	anner sa stated.	
M			on and/or investigation, in my opinio				ause(a) end manner as stated.
	29b. SIGNATURE AND TITLE OF CENTIFI			29c. LICENSE NUI			IGNED (Month, Day, Year)
BE	\\	2		Ons	831/	▶ 9	129 1
유	30. NAME AND ADDRESS OF PERSON	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Print)	11/ /	1X	-1 NIT	774
	150m		ERS DIO	5180	AND DIS	דותמ	201177
1 1	31. DATE FILED (Month, Day, Year)	2 REGISTRAR'S SIG		3/4/	411111111111111111111111111111111111111	-10/1	
	SEP2 9 1994	TIPLE A PERSONAL PROPERTY.	7 1 2 1 2 2 1 2				

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DIVISION OF	OR ATTENDING PHYSICIA
_	HOSPITAL

Daniel 31. DATE FILED (Month, Day, Year) SEP2 9 1994

SIGNATINE take parties at the beautificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician. Certificate a signal by a stending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the Shall bear on calls an expension or removal. d. or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The taw expires at the least certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate the state of the part of	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
THE HOSPITAL THE FUNERAL THE WITHIN 72 OPTANT: IT	BE COM	2
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							0 1	Been		
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPA CERTII	RTMENT OF I	HEALTH AND	MENTAL HYGIEN REG. NO.				
18	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		YEAR 3	. TIME OF DEATH	
	William		Allen			09 2		94	3:07 p	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	LACE (State or Foreign	
- 15	215-32-8037	1 🔀 M 2 🗌 F	59 YRS.	MONTHS DAYS	HOURS MIN.	01 04	36		yland	
	9e. FACILITY NAME (If not institution, give stre	eet and number)		9b. CITY, TOWN	OR LOCATION OF DI	EATH		TY OF DEA		
DIRECTOR	Joseph Richey	Hospice		Bal	timore	City	<u> </u>			
3EC	10e. STATE 10b. COUNTY		10c. C	TY, TOWN OR LOCA	TION			1	Od. INSIDE CITY	
<u>=</u>	Maryland			Balti	more Ci	ity		1	LIMITS?	
AL	10e. STREET AND NUMBER			10	f. ZIP CODE	-	10g. CITIZ	EN OF WH	AT COUNTRY?	
ER.	3002 Southland	Avenue			2122	2.5		USA		
FUNERAL		12. WAS DECEDENT EVER I FORCES? 1 YES	N U.Ş. ARMED	13. WAS DE	CENDENT OF HISPAN	NIC ORIGIN? (Specify Yes			- American Indian, White, etc.	
		FORCES? 1 YES	2XL3MO DATES		Secify Cuben, Mexice S 2 X NO Specifi	n, Puerto Ricen, etc.)		Specify:		
В	3 Widowed 4 Divorced					,		оросиу.	Black	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	ATION completed)		S USUAL OCCUPATE		18b. KIND OF BUS	SINESS/INDU	USTRY		
91	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)	oat or working					
MP	7		S	anitati	on	Ci	ty o	f Ba	ltimore	
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
BE (William L. Alle	en			Alma	Mosley				
5	19e. INFORMANT'S NAME (Type/Print)	G ADDRESS (Street	reet and Number or Rural Route Number, City or Town, State, Zip Code)							
F	Mamie Baylor	Penros	e Ave.	Balto.,	MD	2122	13			
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetery, cremetery, cremetery, or other place) 20c. LOCATION — City or Town, State									
	Western Star Cem. 9/29/94 Balto. Co., MD									
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	0	22. NAME A	ND ADDRESS OF FA	CILITY				
	Joseph &	11/2 Hoa) (he.			eral Home		_		
-	23. PART I. Enter the diseeses, or co	Water that sever	vyro	108	W. Nor	th Avenu	е Ва	Ito,		
	shock, or heart fallure. Li	ist only one ceuse on e	ech line.	not enter the mo	ode of dying, euc	n ss cardisc or respi	ratory erre	est,	Approximate interval Between	
	IMMEDIATE CAUSE (Finel disease or condition	0 .	Λ						Onset and Death	
	resulting in deeth) e.	Cardia DUE TO (OR AS	1531							
		OUE TO (OR AS	A CONSEQUENCE	OF):	4-0-	arcinous			18400	
CERTIFICATION	Sequentially list conditione, b.	DIETUS	Tarro	1007	ar c	arcinous	ee		18400	
F	sequentially list conditione, if any, lesding to immediate ceuse. Enter UNDERLYING									
일	CAUSE (Disesse or injury C.	DUE TO (OR AS	A CONSEQUENCE	ne.						
ĒΙ	that initiated evants recuiting in deeth) LAST	502 10 (011 715)	- CONSEQUENCE	or j.						
崽	d.						-0-0		-	
	PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Psrt I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
2	_ Cirrhosis	•				PERFOR	-		WAILABLE PRIOR TO OMPLETION OF CAUSE	
밀						1 _ YES 2	LPNO		F DEATH?	
≥	DID TOBACCO USE CONTRI	IRUTE TO CAUSE C	DE DEATH V	ES NO [UNCERTAIN			'	YES 2 NO	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL	BOTE TO CAUSE C		ATH (Check only one)		1 🗆				
S	EXAMINER?	HOSPITAL:		OTHER:			11 - = =	2 0		
ξĮ	27. MANNER OF DEATH	1 Inpetient 2 ER/Out			ne 5 🗆 Raeldence		405 f			
2 Accident Investigation 28e PLACE DE IN ILIGY — At home force office of the control of the cont							URED	10.0		
	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spe	cify)	atreet, tectory, onic	•	City or Town, State)	ind Number o	or Rural Rou	te Number,	
Li,										
COMPLETED	29e. CERTIFIER (Check only one)									
٥ ا	2 MEDICAL EXAMINER:	On the beele of examination	n end/or investigat	ion, in my opinion, o	feath occured at the	time, date end place, en	d due to tha	cause(e) e	nd menner ee stated.	
шШ	29b. SIGNATURE AND TITLE OF CEROFFIER	harris			29c. LICENSE NUM		29d. DATE	SIGNED (M	fonth, Day, Year)	
	Want	Tunn	~		D04	431	Þ 9	1/2:	5/94	
임비	20 NAME AND ADDRESS OF REPORT WITH									

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D. BOX 68760, BALTIMORE, MARYLAND 21215-0020 rdificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician		
BOX 68760, ficate be executed within 24 hours	RYLAND 21215-0020	ed by the hospital or attending physician.
BOX 68760, ficate be executed within 24 hours	MA	retain
BOX 68760, ficate be executed within 24 hours	ORE,	i may be
BOX 68760, ficate be executed within 24 hours	IMC.	Page 6
BOX 68760, ficate be executed within 24 hours	ALT	death.
BOX 68760, ficate be executed within 24 hours	8	#=
BO ficate t		hours
BO ficate t		24
BO ficate t	50,	within
BO ficate t	(6876	executed
D. BC	6	pe
). BC	rtificate

BALTIMORE, MARYLAND 21215-0020	The two impures that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	State Describes per attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the funeral man Mental Mygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or man 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF THE RECORDS, P.O. BOX 68760,	requires that the death certificate be executed within 2	Ben signed by the attending physician and completely for the second co	shows any injury, or other traumatic event, th
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYMICIAN TO THE	TO THE FUNERAL DIRECTOR: After this centrice has seen signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State by a complete of the state of the second of the seco	IMPORTANT: If Item 28 is marked, entermined

	1 - STATE REGISTRAR	OTALL OF IT	CE		ICATE OF				REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH	.v	YEAR 3	. TIME OF DEATH
	WALTER F			ADAMS				09	24			:50 AM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH							ACE (State or Foreign		
	217 05 2466	1 X M 2 - F	75	YRS.	MONTHS DAYS	HOURS	MIN.	Apri	1 16,	1919	Mar	yland
_	9a. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY, TOWN	OR LOCATIO	ON OF DE	ATH		9c. COU	NTY OF DEA	тн
0	NORTH ARUNDEL HOS	PITAL ASS	SOCIATIO	N	GLEN	BURNT	E			A	. A . C	OHNTY
EG	100. STATE 10b. COUNTY			T	Y, TOWN OR LOCA	TION						0d. INSIDE CITY
DIRECTOR	Maryland An	ne Arunde	2]			11774	Pas	adena				LIMITS?
	10e. STREET AND NUMBER				10	f. ZIP CODE		adena		10a. CIT		AT COUNTRY?
ER/	7801 Mallow Ct.					2	1122)			ted s	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN			13. WAS DE	ENDENT O	F HISPAN	VIC ORIGIN? (Specify Yes			- American Indian, White, atc.
BY F	IE VES CIVE WAS TO DATES							Black, \ Specify:				
	3 Widowed 4 Divorced					r						White
F	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(G/	ve kind of	USUAL OCCUPAT	ON ost of workin	ıg	16b. K	ND OF BU	SINESS/INC	DUSTRY	
۳۱	Elementary/Secondary (0-12)	College (1-4 or 5+) Iffe.	Do NOT us								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Ass	istant						g Co.	
	Joseph	177		7 .7		·		ME (First, Mid	dle, Maiden	Surname)		
H	19a. INFORMANT'S NAME (Type/Print)	E	100	Ada	ADDRESS (Street	Ma:						icks
2	Julie Adams		191		1 Mallot						21122	
	20. METHOD OF DISPOSITION		20b. PLACE				, ra	DATE				Cteta
20e. LOCATION — (20b. PLACE AND DATE of DISPOSITION DATE DATE									The state of the s			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Olch	nave	22. NAME A	ND ADDRES	S OF FAC	CILITY				
	De Start XX	///						ral H				
	23. PART i. Enter the diseasea, pr c	nonaux		oth Do a				n Rd.				21122
	anock, or naart failura.	Liat only ona cau	se on aach iina	ath. DU I	iot anter the m	ide or ayı	ng, sucr	n aa cardla	c or raapi	ratory an	rest,	Approximate Intarval Between
1	disease or condition									Onaet and Daath		
	reaulting in death) a											
_	- Con a sul na flux											
<u>ē</u>	Sequentielty list conditions, if any, leading to immediate											
S	cause. Enter UNDERLYING CAUSE (Disease or injury	Kega	Keght pleusel offerson									
E	that initiated events resulting in death) LAST	oue/jo	OR AS A CONSEC	WENCE OF	n±	U	W.					
CERTIFICATION	resulting in death) LAST		,				-					
7	PART II. Other significant conditions	contributing to	death but not re	auiting	n tha undariyir	g cause q	ivan in I	Part I. 24	le. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
DICAL									PERFOR	MED?	A	VAILABLE PRIOR TO OMPLETION OF CAUSE
MED								_ '	YES 2	□ NO		F DEATH?
5	DID TOBACCO USE CONTR	RIBUTE TO CA	JSE OF DEAT	ГН ҮЕ	S II NO I	1 UNC	ERTAIN					YES 2 NO
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		_		H (Check only one							
Si	1 TES 2 THO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing Hor	e 5 🗆 Re	sidenca 1	8 Other (S	(pecify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF		28b. TIM	E OF 28c. IN	URY AT		28d. DESCR		NJURY OC	CURED	
1 Netural 5 Pending (Month, Dey, Year) INJURY WORK?												
ED E	3 Suicide 8 Could not be	28a. PLACE OF building,	INJURY — At hor	na, farm, e	treat, factory, offic	4		281. LOCATIO	ON (Street a	ind Number	or Rural Rou	te Number,
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as state.							ony or a	own, orace)				
							ed.					
one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner								nd manner as stated.				
	296. SIGNATURE AND TITLE OF CERTIFIER	1	h			29c. LICE	NSE NUM	IBER C		29d. DAT	E SIGNED (M	onth, Day, Year)
38 6	100 m. m.	and				DI	105	579		▶ G		94
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM	1 27) (Type,	Print)		1				1	
	MIRZA M. NUSATREE	M.D. /70	5 AOIIAH	ART	ROAD/GLI	N BII	RNTE	. MAR	YT.A NT	210	61	
18			J HOUHH	111/1	ICOLID/ CLI	IN DO.	1111 1 111	1 12111			0 4	
	SEP 2 9 1994	REGISTRA	BIGNATURE	211(1	ROND/ CE	<u> </u>	1(21 1 2 2	, inik	2 231112	210	01	

and the second

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE	OF DEATH	4	REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEAT	гн			3. TIME OF OEATH	
	EMILY	ROBINSON	В	OYLE			September	C 28		YEAR	11:09A M	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE	(In yrs. lest birthday)			HRS.	7. DATE OF BIRTH	н	J. 1.J.J-	e. BIRTH	IPLACE (State or Foreign	
	215-12-5138 1□™	2XXF 83	YRS.	MONTHS E	MYS HOURS	MIN.	August 5,	19	11	Count	ryland	
	9s. FACILITY NAME (If not institution, give street and r		9b. CITY, TO	OWN OR LOCATION			12		NTY OF D			
DIRECTOR	3 Devon Hill Road				Baltimore					ltim		
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY									10111		
E	14 1		10e. CI	TY, TOWN OR							10d. INSIDE CITY LIMITS?	
	Maryland Baltimor	е		Dd1	timore						1 - YES 2 XX	
FUNERAL	3 Devon Hill Road				101. ZIP CODE				10g. CIT		VHAT COUNTRY?	
R		DEAGRACHT CHES			212	-			Ĺ,	USA		
	1VV Never Married 2 Married FOR	DECEDENT EVER	2 (X) NO	lf y	S DECENDENT OF I	Mexican,	ORIGIN? (Specif Puerto Rican, etc	fy Yes L)	or No—	Blect	E — American Indian, k, White, etc.	
BY	3 Widowed 4 Divorced	ES, GIVE WAR OR I	DATES	1 1 1	YES 2 X NO	Specify:				Speci	White	
8	15. OECEDENT'S EOUCATION	16s. DECEDENT'S	USUAL OCC	UPATION		16b. KIND O	F BUS	INESS/INE	USTRY	MILLOS		
ᆸ	(Specify only highest grade completed Elementary/Secondary (0-12) College	(Give kind of life. Do NOT u	work done dun se retired.)	ing most of working								
릴	2	Supervi	sor			1	lo s	pita	1			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHE	R'S NAME	(First, Middle, M	_		-		
BE C	John Brooks Boyle				Em	ilv	Robinso	on				
	19s. INFORMANT'S NAME (Type/Print)		196. MAILING	ADDRESS (S	Street and Number or				n, State, Zip	Code)		
٩	Mary Frances Connor		3 Dev	on Hi	ll Road	Unit	. 1D Bal	ti	more	. Ma	ryland 2121	
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE	OF DISPOSITI	ON (Name of		DATE 20	c. LO	CATION —	City or To	wn, Stats	
	1A Buriel 2 Cremellon 3 Removal from State Cometery, Cremelory or other place) LOTTaine Park Cemetery 9/30 Baltimore, Ma										Maryland	
	29 BEMATURE OF FUNERAL BERVINE LICENSHE	11	/		ME AND ADDRESS	OF FACIL	LITY				1141 / 14110	
	Number XMARGARIA	are	LEDOCAD	c=	00 Va.d. D	Mi	tchell-Wi	ede	feld	Home		
\neg	23. PART i. Enter the diseases, or complice	tions that cause	M00640	00	00 York Ro	oad Ba	altimore,	M	rylan	d 212		
	ehock, or heart fellure. List only	Dne ceuse Dn	eech line.	not enter th	e mode bi dying	y, euch	es cerdiec or i	reepi	ratory an	est,	Approximete interval Between	
	IMMEDIATE CAUSE (Fine) disease or condition									Oneet end Death		
	reculting in deeth) Due TO OR AS A CONSCOUENCE OF:									7 gelly		
CERTIFICATION	Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF):											
¥	if eny, leading to immediate cause. Enter UNDERLYING											
三	CAUSE (Disease or injury that initiated events Due to (OR AS A CONSEQUENCE OF):											
F	resulting in deeth) LAST											
2	d											
DICAL	PART II. Other significent conditione contril	outing to death	but not reculting	In the unde	erlying ceuse giv	en In Pa			AUTOPSY MED?	24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
2							_ 1 _ Y	ES 2	□ NO		COMPLETION OF CAUSE OF DEATH?	
ME							- 1				1 - YES 2 - NO	
ä	DID TOBACCO USE CONTI	RIBUTE TO	CAUSE OF	DEATH	YES 🗆	NO						
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ITAL:		OTHER:	26. PLACE DF DEA	TH (Check	(only one)					
YSI	1 YES 2 NO 1 Inp	stient 2 - ER/Out	petient 3 DOA		Home 5 Resid	dencs 8	Other (Specify)				
표	27. MANNER OF DEATH 284	(Month, Day, Yeer)	28b. TIR	FE DF 28	Ic. INJURÝ AT WORK?	2	ed. DESCRIBE H	DW II	NJURY OC	CURED		
B	2 Accident Investigation				1 YES 2 N	NO						
	3 Suicide 8 Could not be 4 Homicide detarmined	building, sic. (Spe	Y — At home, ferm, ecify)	street, factory	, office	2	et. LOCATION (S) City or Town,	treet a State)	nd Number	or Rural F	Route Number,	
COMPLETED												
2	29s. CERTIFIER (Check only Check only	he best of my know	wledge, death occur	red at the time	, dats and place, ar	nd dus to	the cause(s) sno	d men	ner es stat	led.		
O	one) 2 MEDICAL EXAMINER: On the) and manner as stated.	
U U	298. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENS	SE NUMB	ER	-	29d. DAT	F SIGNED	r(Month, Day, Year)	
ω	Tout (Ollari)	Ms			7 2/1	15)	5		•	9/	78.164	
임	20. NAME AND ADDRESS OF PERSON WHO COMPL	ETED CAUSE OF DE	EATH (ITEM 27) (Type	o, Print)	1000	16	-		-	//	-0/1/	
	Paul Celano 6569 North Charles Street Towson, Maryland 21204											
	35 E P 12 (1901 993 4 or) Julia Mandels P Research UNE											
	SEP & 1994 June 1											

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and organisms. Applying the retained by the strending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

FOR

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

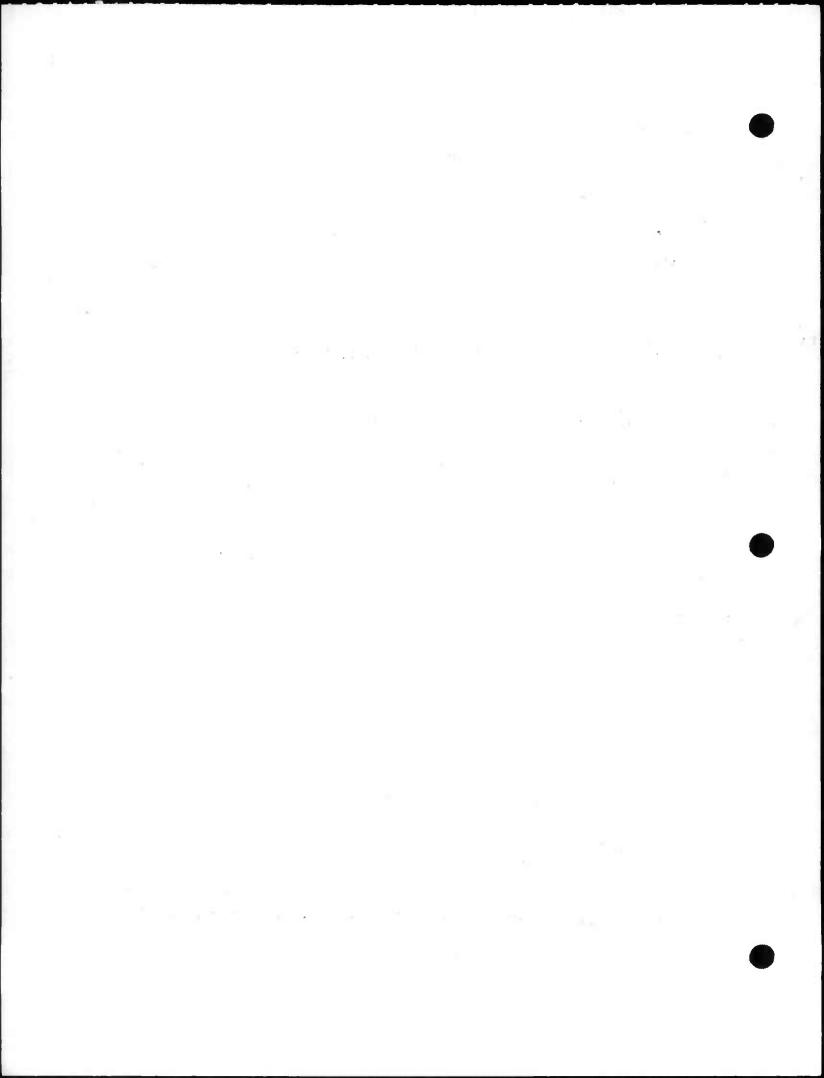
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REGISTRAN				CHILL	CALE	OF	DEAL	п	REG. NO			
1. DECEDENT'S NAME (First RUTH	, Middle, Last)	M.	BAKER						2. DATE OF DEATH SEPT. 2	4	9°4°	3. TIME OF DEATH 1003 A M
4. SOCIAL SECURITY NUMBER 273-20-800		5. SEX 1	6. AGE (In yrs. ia:	yrs.	IF UNDER	DAYS	IF UNDER HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/12/192	3	6. BIRTH Countr	
99. FACILITY NAME (If not in 3917 EDNO	R ROA						MORE		ATH	7	NTY OF D	
RESIDENCE OF DEC	7											
MARYLAND	10b. COUNTY	<u> </u>			TIMC		TION					10d. INSIDE CITY LIMITS? Y YES 2 NO
3917 EDNOR	RD.					101	212			US)		HAT COUNTRY?
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 VINO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Yes or No—If yes or No—If yes yes, specify Yes or No—If yes or No—If yes yes, specify Yes or No—If yes yes, yes											y:	
	EDENT'S EDUC		16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON		16b. KIND OF BUS	SINESS/IND	DUSTRY	
Elementary/Secondary (C		College (1-4 or 5 -	life	NOUP (retired.)				AT&T			
17. FATHER'S NAME (First, M ELI	BAK	ER					BEU	JLAH	AE (First, Middle, Maiden	Ť	ENLE	Z
ROBIN BAR	R			12 C/	ARAWA	Y R	D. AI		oute Number, City or Town			MD 21136
20s. METHOD OF DISPOSIT 1	(Specify)		20b. PLACE cemetery, cre HILLIC	matory or oth	ner place)	: cc	RP.		6/94 TOW	SON,		wn, State
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE CITY	the		SOL	LEV		3 6	BROS., INC		MD	21215
23 PART I Enter the d	Seeses or c	omalications the	council the de	ath Do a	COLC	RE	TOLE	CTOW	N RD. BAL	10.,	PID	21215
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Batween Onset and Death of Curduovus Culiv disease.												
Sequantially llat condition if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS	diata ING Iry	n.	(OR AS A CONSE									
PART II. Other algnifica	nt condition	s contributing to	death but not r	esulting in	the unc	leriying	g cause g	iven in i	Part I, 24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DID TOBACCO U		RIBUTE TO CA		TH YES			UNC	RTAIN				1 TES 2 NO
EXAMINER? XXYES 2 NO		HOSPITAL:	ER/Outpetlent 3	□ DOA	OTHER 4 - Nursi	ng Hom		Idence	5 ☐ Other (Specify)			
	Pending Investigation	28e. DATE OF (Month, D		28b. TIME INJU		28c. INJ WO 1 1	RK?	NO	28d. DEŞCRIBE HOW II	NJURY OC	CURED	
	Could not be determined	28e. PLACE O building,	F INJURY — At ho atc. (Specify)	me, farm, at	reet, facto	ry, offica			28f. LOCATION (Street a City or Town, State)	nd Number	or Rural R	oute Number,
									to the cause(s) end man			and manner es stated.
290. SIGNATURE AND THELE	OF CERTIFIER	Oll	1				29c. LICEI O . C					(Month, Day, Year) • 25 , 1994
30. NAME AND ADDRESS OF	R FO	wer	111	Penn	Sti	ree			imore, M			
31. DATE FILED (Month, Day,			Muchan R	erdall								
		9500										DHMH-16 Rav 1/69



DIVISION OF VITAL RECORDS P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN	E				
- 23	1. DECEDENT'S NAME (First, Middle, Lest)	HELEN	А		BOSS	2. DATE OF DEATH AND MONTH 25-19	94 YEAF	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 215-09-5631	1 □ M 2XXF 79	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/16/19	1914 Maryland				
TOR	90. FACILITY NAME (If not institution, give so Meridian Nursing (RESIDENCE OF DECEDENT				a Park	АТН	Anne Arundel				
DIRECTOR	10e. STATE 10b. COUNTY 10c. STATE 10c. COUNTY 10c.			TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER	6 Light St	,	101	21230		10g. CITIZEN OF WHAT COUNTRY? United States				
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp		IIC ORIGIN? (Specify Yea n, Puerto Ricen, etc.) :	B	ACE — American Indian, lack, White, atc. Decify: White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 10th.GRade	CATION completed) College (1-4 or 5+)	Ille. Do NOT use	ork done during mo retired.)	N st of working	16b. KIND OF BUS					
	17. FATHER'S NAME (First, Middle, Last)	mes McLA	Homer ughlin/	naker	18. MOTHER'S NAME Mary	OWN I		frev			
TO BE	190. INFORMANT'S NAME (Type/Print) Bernadette M.G	esser				Route Number, City or Town	n, State, Zip Code)	2			
	20a. METHOD OF DISPOSITION 1-10 Burtel 2 Cremation 3 Remoted 4 Donation 5 Other (Specify)	oval from State	PLACE AND DATE OF	e disposition (Ne en Mem	Park, 9	OATE 20c. LO	CATION - City or	Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LIC	2. 1/any	lon	McCul	Fort A	al Home of	more, M				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death										
CERTIFICATION	Sequentially list conditiona, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO										
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che						
BY PHYSICIAN:	1 VES 2 NO 27. MANNER of DEATH 1 Natural 5 Pending Investigation	1 Inpatient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT PRK?	a Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED				
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, ste	reet, factory, offic		281. LOCATION (Street a City or Town, State)	and Number or Run	el Route Number,			
COMPLETED	anni	CIAN: To the best of my know R: On the basis of examination						e(e) and manner se stated.			
TO BE	296. SIGNATURE AND TUTLE OF CERTIFIER	After	duf		D 21	776	≥ 9d. DATE SIGN	IED (Month, Day, Year)			
		DECOMPLETED CAUSE OF OR	BAZT	Print)	ne n	10212	57				
	SEP2 9 1994 July	A DECOMPTENT TO A SECOND	D ONE								

my speciment my source adds

C. 150 ...

BALTIMORE, MARYLAND 21215-0020	SHOW THE requires that the death certificate be executed within	cent and signed by the attending physician and completely liked in by the tyneral director, name 5 should be detached for use as the hursilizations name.	r removal.	redical examiner must be notitled at once.	TO BE COMPLETED BY CHARGO A
Consider the Condo, F.C. BOX 88760,	TO THE HOSPITAL OR ATTENDING PAYSICAN. THE PAY requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After the cert was a signed by the attending physician and completed, filled	be filed within 72 hours after death with the same Deer of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked to them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC	MENT OF H	EALTH AND DEATH	MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Lest)	TAYLOR	BENA	ETT		2. DATE OF DEATH	5 92	an 12:37 Am			
	4. SOCIAL SECURITY NUMBER	1 M 2 G F		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yeer)		BIRTHPLACE (State or Foreign Country)			
TOR	9a. FACILITY NAME (If not Institution, give ST AGNES RESIDENCE OF DECEDENT	SPITAL			ADRE		9c. COUNTY	OF DEATH			
DIRECTOR	10a. STATE 10b. COUNT	E AMNDE		OWN OR LOCATION				10d. INSIDE CITY LIMITS?			
FUNERAL	10. STREET AND NUMBER	AWN AVE	VUE	101.	ZIP CODE	2	1 YES 2 NO				
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECE It yes, spec 1 TYES	cify Culan, Mexica	NIC ORIGIN? (Specify in, Puerto Rican, etc.)		RACE - American Indian, Black, White, etc. Specify: WHITE			
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementery/Secondary (0-12)	UCATION e completed) College (1-4 or 5+)	16e. OECEDENT'S USE (Give kind of work life. Do NOT use re	done during most	N t of working	19b. KIND OF E	USINESS/INDUST				
ő	17. FATHER'S NAME (First, Middle, Last)	1			16. MOTHER'S NA	ME (First, Middle, Maid	an Sumama)				
BE (CHARLES	BENNETT	7 32.			BERLY		UETT Bodnar			
2	190. INFORMANT'S NAME (Type/Print)					Route Number, City or To					
	Charles D. Benne	0.01	PLACE AND DATE OF D			Pasadena,	MD LOCATION — City	21122			
	1 Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	noval from State cem	etery, crematory or other mapolis M	nlanal							
	21. SIGNATURE OF CUNERAL SERVICE LA	Humin		McCull	y Funer	al Home o Rd., Pas	f Pasad	ena			
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications that caused List only one cause on ea	the deeth. Do not	enter tha mod	e of dying, suc	h es cardiec or ras	piretory arrest,	Approximate			
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Due to (or as a consequence of):										
z	RENA HONESIS 345118										
ATIO	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):	7-03/3)			3 400103			
CERTIFICATION	CAUSE (Disease or Injury thet initiated events resulting in death) LAST	CDUE TO (OR AS A	CONSEQUENCE OF):								
CER		d									
DICAL	PART II. Other significant condition	is contributing to death bu	it not resulting in the	ne underlying	ceuse givan in	D.C.D.C.	ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?			
PHYSICIAN: MEDIC	-					_		1 - YES 2 - NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLA	CE OF DEATH (Che	ock only one)					
λŠ	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpe		HER: Nursing Home	5 Residence	6 Other (Specify)					
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WOR	K?	28d. OESCRIBE HOW	INJURY OCCURE	:D			
ĕ I	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	At home, ferm, atree		S 2 NO	281. LOCATION (Stree	t and Number or B	tural Boute Number			
COMPLETED	4 Homicide datermined	building, atc. (Specia	y) 			City or Town, State	9)	star route runion,			
NP	29e. CERTIFIER (Check only one)	ICIAN: To the best of my knowle	dge, death occurred at	the time, date or	nd place, end due	to the cause(s) end m	anner ee atated,				
ខ្ច		R: On the basis of exemination	and/or investigation, in	my opinion, dea	th occured at the	time, date end place, e	ind due to the cei	use(a) end menner ea stated,			
	296. SIGNATURE AND TITLE OF GERTURES	endone	- N		Pec. LICENSE NUM	BER	29d. DATE SIG	GNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA		1)	- 44	10	1 - 110	900 CATON AVE			
	31. DATE FILED (Month, Day, Year)	ROLLEN ST	FUM MI	D. 8	1. AGA	ies hosp	MAL	BACTIMORE, 21229			
	SEP2 9 1994 Jul	in Davidson Karda	<i>U</i> , "					,			

SELLS BEE WILL HARM RINGER

BALTIMORE, MARYLAND 21215-002	death. Page 6 may be retained by the hospital or attending phy	friedral director name & should be deteched for use as she to.
	hours after	fillad in he the
1	2	tohy f
DIVISION OF VITAL RECORDS, P.O. BOX 68760	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending phy	DIRECTION After this continues has been cined by the attendion shading and completely filled in hy the fundamental diseases. I should be determined for the state that
	F 98	OID

burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nous after death. Page 6 may be retained by the host TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

						94	2854/					
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DE	EPARTMENT OF HE	EALTH AND ME DEATH	NTAL HYGIEN REG. NO.	E						
	1. DECEDENT'S NAME (First, Middle, Lest) Daisy		Bullock	2.	DATE OF DEATH	1 0 164	3. TIME OF DEATH 4:15 P					
		. SEX 6. AGE (In yrs. last birt			DATE OF BIRTH	1992						
		□ M 2 ∏ F 75	YRS. MONTHS DAYS		(Month, Day, Year) 8-12-19	ITHPLACE (State or Foreign intry) SC						
CTOR	MD. GENERAL HOSPI	TAL	BALTIMO	ORE CITY								
DIRECTOR	MD. 100. COUNTY	10	BALTIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO						
VERAL	501 DOLPHIN ST.			ZIP CODE 1217		10g. CITIZEN O	F WHAT COUNTRY?					
BY FUNERAL	11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 TO NO IF YES, GIVE WAR OR DATES	If yee, spec	NDENT OF HISPANIC Colfy Cuben, Mexicen, Po	ORIGIN? (Specify Year uerto Ricen, etc.)	BI	ACE — American Indian, eck, White, etc. ecify: BLACK					
	15. DECEDENT'S EDUCATI		DENT'S USUAL OCCUPATION		16b. KIND OF BUS	I SINESS/INDUSTRY						
COMPLETED	(Specify only highest grade com Elementary/Secondary (0-12) C		ind of work done during most	of working								
S	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Maiden	Sumeme)						
BE	POME SANDERS MALTINDA 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number of Bural Route Number City of Town State 7to Code)											
2												
	200. METHOD ON OISPOSITION	20h PLACE AND	ATE OF DISPOSITION (Name			21239 CATION — City or	Town Clate					
	1 Burial 2 Cremetion 3 Removal 4 Donetion 5 Other (Specify)	from State cemetary, cremato		1	01.1	IMORE.						
- 1	21. SIGNATURE OF THE HAL SERVICE LICENS			AOORESS OF FACILITY		IMURE.	MID					
	The land	to 000	WM. C.	BROWN COM	MUNITY F	/H 1206	w. north AVE					
-(1	23. PAHT I. Enter the diseases, or com	iprications that caused tha death.				•	Approximate					
	shock, or heart fallure. List only one cause on each line.											
	disease or condition	Renal Failure										
Ì	reaulting in death) P a	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Anemia											
ERTIFICATION	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):											
Z)	CAUSE (Disease or Injury	QUE TO (OR AS A CONSEQUEN	NCE OF:	-								
E	that initiated eventa reaulting in death) LAST	TO ON AS A CONSCOULA	NOE OF).				i					
CE	d											
MEDICAL	PART II. Other significant conditions of	ontributing to death but not resul	iting in the underlying	cause given in Pari	1 . 24a. WAS AN PERFOR	MEO?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
2	DID TOBACCO USE CO	NITDIDLITE TO CALLEE	OF DEATH VE	S E NO E	_		1 TES 2 NO					
IAN	25. WAS CASE REFERRED TO MEDICAL		26. PLA	S NO	only one)							
Sic	EXAMINER?	OSPITAL: Description 2 - ER/Outpatient 3 - E	OTHER:	5 - Reeldence 6 -	Other (Specify)							
PHYSICIAN:	27. MANNER OF DEATH		Bb. TIME OF 28c. INJUI INJURY WOR	RY AT 266	J. DESCRIBE HOW I	NJURY OCCUREO						
ВУ	1 Natural 5 Pending 2 Accident Investigation			S 2 NO								
	3 Suicide 8 Could not be 4 Homicide determined	LOCATION (Street of City or Town, State)	and Number or Run	al Route Number,								
	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.											
OMPLET	(Check only CEHTIFYING PHYSICIAF						e(e) end menner ee stated.					
COMPLETED	(Check only CEHTIFYING PHYSICIAF		atigation, in my opinion, des		, date end place, en	d due to the ceus	ED (Month, Day, Year)					
BE	(Check only 1X CERTIFYING PHYSICIAN ONE) 2 MEDICAL EXAMINER: 0 29b. SIGNATURE AND TITLE OF CERTIFIER		atigation, in my opinion, dec	ath occured at the time	, date end place, en	d due to the ceus	e(e) end menner ee stated. ED (Month, Day, Year) - 22 - 94					
ш	(Check only 2 DEPTIFYING PHYSICIAN ONE) 2 DEPTIFYING PHYSICIAN ONE) 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	On the beele of examination end/or inves	atigation, in my opinion, dea	29c. LICENSE NUMBER	, date end place, en	29d. OATE SIGN	ED (Month, Day, Year)					

Muhammad Waseem, M.D. c/

31. DATE FILEO (Month, Day, Year)
SEP2 9 1994

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing a hours after death. Page 6 may be retained by the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

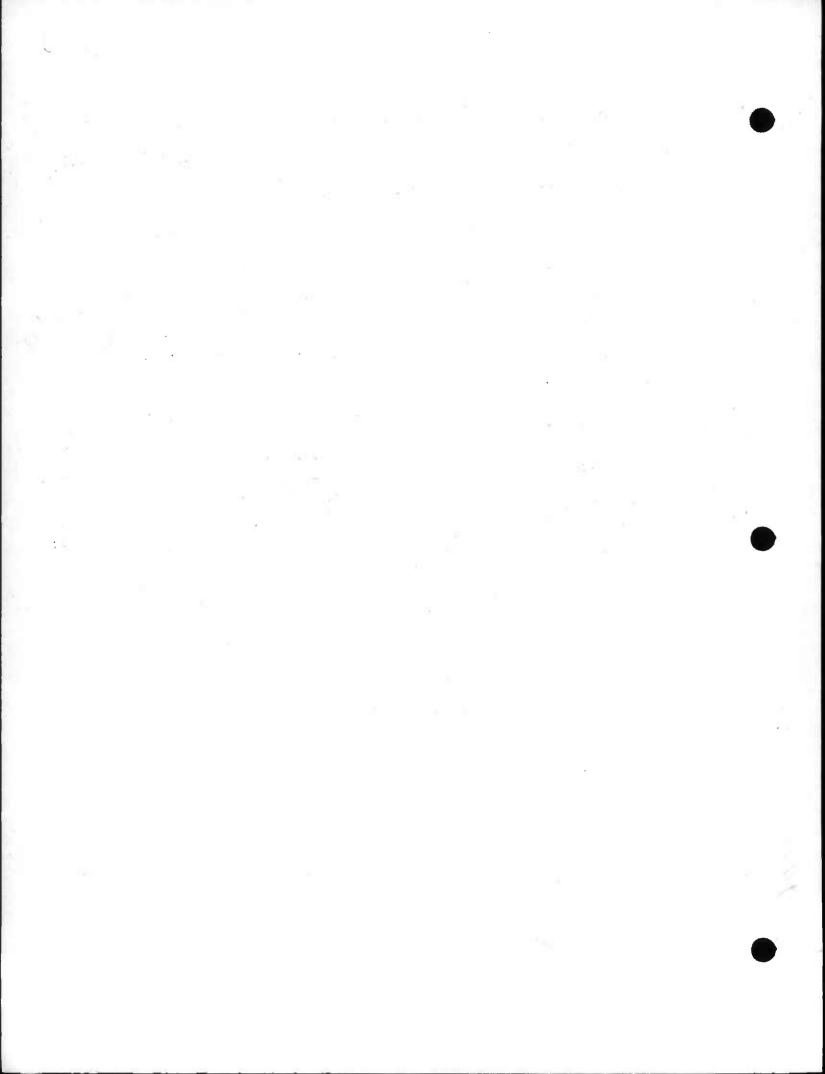
TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

1 - STATE REGISTRAR		CERTIFIC		F DEATH	REG. NO	-				
1. DECEDENT'S NAME (First, Middle, Last)	Audrey Mar				2. DATE OF DEATH MONTH D		YEAR	3. TIME OF DEATH		
4 00011 05010151 1111150					Sept. 25	. 199	_	M		
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH	IPLACE (State or Foreign ry)		
213-38-9214	1 □ M 2 💢 F 78		- X		06/06/19			uland		
98. FACILITY NAME (If not institution, give str Johns Hopkins Bay RESIDENCE OF DECEDENT	· ·			imore Citi		9c. COU	NTY OF D	EATH		
10a. STATE 10b. COUNTY		10c, CITY.	TOWN DR LOC	CATION				10d. INSIDE CITY		
Maryland	Baltimore				ındalk			LIMITS?		
10e. STREET AND NUMBER				101. ZIP CDDE		10g. CITI	ZEN DF V	VHAT COUNTRY?		
46 Dundalk Avenu	e			21:	222	U	Inite	ed States		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 XNO	If yes,	ECENDENT OF HISPAN specify Cuben, Maxica ES 2 XNO Specify		or No—	14. RACE Black Speci	E — American Indian, k, White, atc. White		
15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S US (Give kind of wor	SUAL OCCUPAT	TION most of working	16b. KIND OF BU	SINESS/IND	USTRY			
Elementary/Secondary (0-12) 1 0 th Grade	College (1-4 or 5+)	ille. Do NOT use i	retired.)		Hutz	ler's				
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)				
Edwin M. Pirie				Marga	et Piquit	t				
190. INFORMANT'S NAME (Type/Print) ROBERT BYNION				n and Number or Rural I	Route Number, City or Tow Baltimor			234		
20a, METHDD OF DISPOSITION 1 🔾 Burlal 2 🗆 Cremation 3 🗀 Ramo		. PLACE AND DATEOF	DISPOSITION	Name of	DATE 20c. LO	CATION —	City or To	wn, Stata		
4 Donetion 5 Other (Specify)		Jak Lawn of the				ltimo	ire,	Maryland		
Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 21222										
23. PART I. Enter the diseases, or co	omplications that cause	the death, Do not	t entar tha n	noda of dying, suc	n as cardiac or respi	ratory arr	est,	Approximata		
ahock, or haart failure. L IMMEDIATE CAUSE (Final disease or condition	Can d	7	nes)	1				intarval Batween Onset and Death		
resulting in death) a	DUE TO (DR AS A	CONSEDUENCE DF):			1					
Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE DE):	Hea	of far	lure			years		
cause. Entar UNDERLYING										
CAUSE (Disease or injury that initiated events	DUE TO (DR AS A	CONSEDUENCE DF):								
resulting in death) LAST	,									
PART ii. Other algnificant conditions	contributing to death h	ut not reculting in	the underly	ing cours alves in	Bort I Dr. HED AN	MITTORON				
TATT II. Ottar agrinteant conditions	Contributing to death b	at not resulting in	tha underly	ing cause givan in	PERFDE	MED?	246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
					1 YES 2	ND		COMPLETION OF CAUSE DF DEATH?		
DID TOP LOCALIST COLUMN								1 TYES 2 ND		
DID TOBACCO USE CONTR										
EXAMINER?	HOSPITAL	26. PLACE OF DEATH	Check only on	e)						
				ome 5 🗆 Residence						
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (ty v	NJURY AT WORK? YES 2 ND	28d. DEŞCRIBE HDW I	NJURY OCC	CURED			
2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE DF INJURY building, atc. (Spec	— At home, term, atre	est, factory, of	fice	281, LOCATION (Street	and Number	or Rural F	loute Number,		
4 Homicide determined	bulloting, are: (Spec	ary)			City or Town, State)					
29a. CERTIFIER (Check only	IAN: To the best of my know	ledge, death occurred	at the time, da	ite and place, and due	to the cause(s) and mar	iner es stat	ed.			
	On the basis of exemination) and manner as stated.		
296. SIGNATURE AND THE OF CENTILLER	Tadget	mo		D 3 3 2	196	29d. DATE	E SIGNED	(Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pi	rint)							
SEP2 9 1994	A PRINCE OF	THE L								
								1		

See Second See See House

			IT OF HEALTH AND MENTAL HYGIENE 'E OF DEATH REG. NO.								
		1. DECEDENT'S NAME (First, Middle Last) John Albert	Bandy 2. Date of Death Month Day 26 94 3. TIME OF DEATH OF P	м							
Pi		217-07-228 1× м2□F 73 YRS. MONTHS	12/28/1920 Maryland								
, 2, 3 should	CTOR		ry, town or location of death Baltimore City								
it. Pages 1,	DIRE	100. STATE 10b. COUNTY 10c. CITY, TOWN Maryland Baltimore	Baltimore City Baltimore City 10d. Inside City LIMITS? 1. y yes 2 \(\text{no} \) no								
n. ansit permit.	VERAL	100. STREET AND NUMBER 6918 Conley Street	101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? United States								
21215-0020 or attending physician. rr use as the bunal-transit	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 X VES 2 NO IF YES, GIVE WAR OR DATE WWW T T	D. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Mexicen, Puerto Ricen, stc.) 1 □ YES 2 NO Specify: White,								
AND 21215 he hospital or attend detached for use as once.	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) 12th Grade 18e. DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired.) Fire Kigh	OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY								
अ क क	BE CO	17. FATHER'S NAME (First, Middle, Last) John Hewry Bandy	18. MOTHER'S NAME (First, Middle, Meiden Surneme) Elizabeth Jenkins								
INO KE, MAKY Page 6 may be retained by I director, page 5 should b	10	John Bandy, Jr. 328 Dunk	ss (Street end Number or Aural Aoute Number, City or Town, State, Zip Code) when the control of								
ACKE age 6 may director, pa			est V.A. Cem. 9/30/94 Owings Mills, MD								
sAL! r death. r funera al. exami		1-5AUL	n. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Howne of Dundalk, Inc. 7922 Wise Ave. Dundalk, MD 21222								
UX 68 00,00, 89 to executed with cours after isidan and completely filled in by the rior to buriat, cremation, or removal traumatic event, the medical of	TION	23. BATH. Enter the disassea, or complications that caused the death. Do not enter ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	dema lintsryal Batweer Onset and Dasti Chaur arction 2 days								
th certificate tending physical Hygiene p	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST C. UVGR to vonan a he in Sclenosis Due to (or as a consequence of): d.									
ing the	MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the u	Anderlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	3							
AL KE he faw requ has been bept. of i		DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATES. WAS CASE REFERRED TO MEDICAL		\dashv							
SICIAN: The certificate I the State I, or item	PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nu 27. MANNER OF DEATH 280. DATE OF INJURY 28b. TIME OF									
F it it is	BY	1 Netural 5 Pending (Month, Day, Year) INJURY 2 Accident Investigation 2 Replace PLACE OF INJURY At home farm street for	WORK? 1 YES 2 NO								
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	LETED	4 Homicide determined building, etc. (Specify)	City or Town, State)								
= 28 F	COMPLET	(Check only CERTIFTING PHYSICIAN: To the beat of my knowledge, death occurred at the	time, date end piece, end due to the ceuse(s) end manner es stated. opinion, death occured at the time, date end piece, end due to the ceuse(s) end menner ee stated.								
TO THE HOSPI TO THE FUNEF DE filed within IMPORTANT:	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER 100382 29d. DATE SIGNED (Month, Day, Year) 9 2 6 94								
		38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) (1) Wu, M.D., JTHH, 600 N	V. Wolfe St., Balto, MP 21205								
		SEP 29 1304									



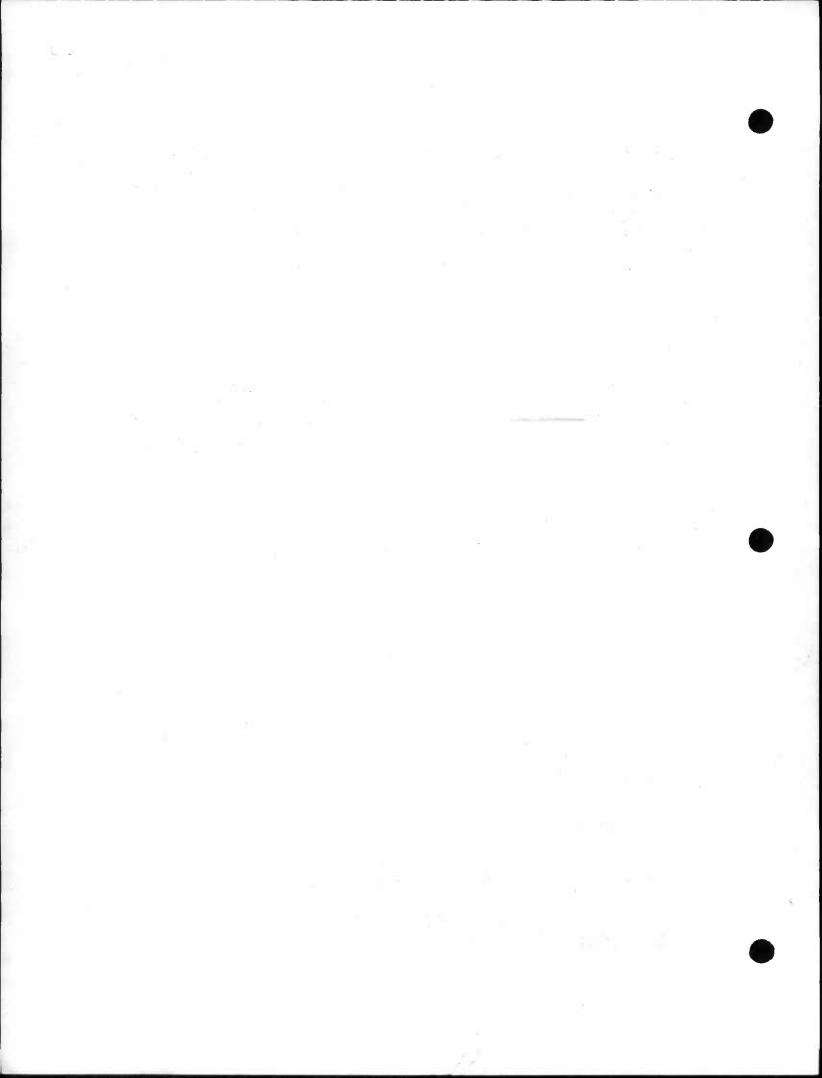
DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year) SEP 29 1994 32. REGISTRAR'S SIGNATURE

	1 - STATE OF MARYL REGISTRAR	AND / DEPARTM CERTIFIC			ENTAL HYGIEN REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Lest) Sabiline Cassel	l			2. DATE OF DEATH MONTH Q	2 94	EAR	OO 35 M	
	2/9 30 9736 10 M2XF	90 YRS. WO	HTHS DAYS	HOURS MIN.	DEA	6. BIRTHPLACE (State or Foreign Country) POLAND			
TOR	Siral Hospital	98	-43 4 4	R LOCATION OF DEA	notice notice			nore	
DIRECTOR	106. STATE MD 106. COUNTY Baltymone	,	BALTIV				LINSIDE CITY LIMITS? YES 2 NO		
FUNERAL	4 AMLEHT COURT, APT. #1-D(MILE 11. MARITAL STATUS 12. WAS DECEMBER 1 TURN	N U.S. ARMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Sp				U.S.A	American Indian,	
B	1 Never Merried 2 Merried 3 Wildowed 4 Divorced FORCES? 1 YES IF YES, GIVE WAR OR O		1 🗆 YES	21	Puarto Hican, etc.)		Specify: W		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re HOUSEWII	k done during mos etired.)	N at of working	HOMEN		STRY		
WO	17. FATHER'S NAME (First, Middle, Last)	ПООВЫМІ	16. MOTHER'S NAME						
E C	MOSES LESER				CHEL	HOROW	TTZ		
00	19a. INFORMANT'S NAME (Type/Print) Hershfield	19b. MAILING AD	OORESS (Street a		oute Number, City or Tow				
임	MRS. LOTTE HERSBFIELD	130 W.	RIDGE	DRIVE, WES	ST HARTFOR	RD, CT	06117		
	20e METHOD OF DISPOSITION 1	D. PLACE AND OATE OF COMPETER	DISPOSITION (Na	me of	OATE 20c. LO	CATION — CI	ty or Town,	State	
	21. SIGNATURE OF FUNERAL BERNICK LICENSEE	22. NAME AN	D ADDRESS OF FACI LEVINSON		INC.				
	23. PART /. Enter the disease, or compilerations that ceuse shock or heart failure. Lest only one ceuse on elimmediate CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A)	Cancer	entar the mo	de of dying, such	as cardiac or resp	Iratory erre	it,	Approximate Interval Between Onsat and Death	
CERTIFICATION	Sequentielly list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): oue TO (OR AS A CONSEQUENCE OF): oue TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PERFORME 0? AVAI COM OF 1							RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF DEATH (Chec	ck only one)				
ဗ္ဗ	EXAMINER? 1 YES 2 The serious in the serious ind		THER:	5 Residence 6					
	27. MANNER OF DEATH 1 Netural 5 Pending 28e, DATE OF INJURY (Month, Day, Year)	28b. TIME O	OF 28c. INJI		28d. DESCRIBE HOW	INJURY OCCU	RED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stete)							Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 EERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the best of examination							d manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER Barbara K Blek MA	a L DO	husse	29c. LICENSE NUME	BER	29d. DATE	9/12	hth, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE BAYBURG BLOK SALNOU H	ATH (ITEM 27) (Type, Pri	-/	timore	MAD			1	



DIVISION OF VITAL RECORDS, P.O. BOX 687604

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, and not lead to may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Memial Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H			HYGIENI REG. NO.	E				
20.00	1. DECEDENT'S NAME (First, Middle, Last) JEANETTE	COHEN		-		2. DATE OF MONTH SEPT	OEATN	, 1994	EAR 3.	TIME OF DEATN 4.00A. M		
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF	BIOTA	1.		ICE (State or Foreign		
	219-74-4917	1 🗆 M 2 💢 F	86 YRS.	MONTHS DAYS	HOURS MIN.		3,]	1908	Country)	D.		
α	9e. FACILITY NAME (If not institution, give st				OR LOCATION OF DI	EATN		9c. COUNTY OF DEATN				
СТО	MANOR CARE-RUXTO		OME	TOWSON					BALTIMORE			
DIRECTOR	MD. BALTI		10c. CITY	, TOWN OR LOCAT	TION				1. INSIDE CITY LIMITS? YES 2 TNO			
AL	10e. STREET AND NUMBER			101	. ZIP CODE			10g. CITIZEI		COUNTRY?		
FUNERAL	3210 MAYFAIR ROAL				21207				.S.A	•		
ВҰ	11. MARITAL STATUS 1 Never Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yee, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2. NO Specifi	in, Puerto Rici		or No— 14	Black, W	Americen Indien, hite, etc. WHITE		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18e. DECEDENT'S U	ork done durina ma	ON st of working	16b. KI	ND OF BUS	INESS/INDUS	TRY			
J.	Elementary/Secondary (0-12)	College (1-4 or 5+)	HOUSEW	retired.)			OMEMA	\KED				
MC	17. FATHER'S NAME (First, Middle, Last)		HOODEN	11.12	18. MOTHER'S NA							
BE C	JOSEPH	ECHISON			IDA	time (1 irst, mice	aro, menuerr	sumanney				
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number,	City or Town	, State, Zip Co	de)			
ř	MR. DANIEL HARRI				LLEY DRI			1D. 21	208			
	20e. METNOD OF OISPOSITION 1 X Buriel 2 Cremetion 3 Remo 4 0 Oonetion 5 Other (Specify)	oval from State 20b.	PLACE AND DATE O etery, crematory or off FREE S	TATE POS	^{me of} 09/2 ST 167-J	5/94 ¹ ⁸		EATION — CITY SEDALE		State		
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AN	ID ADDRESS OF FA	CILITY						
	· Toll	De	ind		LEVINSON REISTER				MID	21215		
	23. PARTY. Enter the diseases, or constitute. I IMMEDIAT CAUSE (Finel disease or condition resulting in deeth)	disease or condition Adultal Umb										
z	Sequentially list conditions b.											
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST											
	DADT il Other elevitiens condition	1										
MEDICAL	PART ii. Other significent conditions	out	ut not resulting in	the underlying	cause given in		PERFOR	MED?	AVA	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?		
Σ	DID TOBACCO USE CONTR	PIRLITE TO CAUSE O	E DEATH VE		UNCERTAIL				1 [YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH		UNCERIAII	1						
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Outpet		OTHER: 4 Nursing Home	5 🗆 Residence	5 ☐ Other (S	pecify)					
E	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU			28d. DESCR	BE HOW IN	JURY OCCUR	ED			
B	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO							
TED	3 Suicide 8 Could not be 4 Nomicide determined	28s. PLACE OF INJURY building, etc. (Speci	— At home, ferm, st	reet, factory, office	` 		ON (Street er own, State)	nd Number or	Rurel Route	Number,		
S Could not be determined building, etc. (Specify) 29e. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(s) end menner exerted.								menner es stated				
BE	29b. SIGNATURE AND TITY OF CERTIFIER		D		29c, LICENSE NUL			29d. DATE SIGNED (Month, Day, Part)				
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, I	Print)								
	31. DATE-FILED/Month, Doy, they of July of audient hardely											

was and the same you

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

cerificate be executed within a nours after death. Page 6 may be retained by the hospital or attending physician.

The physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be physician to burial, cremation, or removal.

The property of the property is the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirement to THE FUNERAL DIRECTOR: After this certificate has been cover be fled within 72 hours after death with the State Dept, of Pulling IMPORTANT: It item 28 is marked, or item 23 sheems of them 20 sheems of the 20 sheems of the

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	1 /			2. DATE OF DEATH MONTH DAY	3. TIME OF OEATH		
	4. SOCIAL SECURITY NUMBER	obbs			9 28 9	14 10:50 AH		
	217-62-1231	5. SEX 8. AGE (In)	yrs. (ast birthday) IF UI YRS. MONT	IDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH (Mogth, Day, Year)	BIRTHPLACE (State or Foreign Country)		
OR	Ser FACILITY NAME (If not institution, give street of the control	Medical C	nt. 96.6	DALTO	EATH 9c. COUNTY	Y OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOY	/N OR LOCATION	,	10d, INSIDE CITY		
	10e. STREET AND NUMBER			BALTO	City	LIMITS?		
FUNERAL	3/34 Clifm	100N+	ANO	101. ZIP CODE	12/3 10g. CITIZE	N OF WHAT COUNTRY?		
FU	11. MARITAL STATUS 1 Never Married 2 Married		2 NO	If yes, specify Cuben, Maxica		J. RACE — American Indian, Black, White, atc.		
Э ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATE	ES	1 TYES 2 KNO Specific	y:	Specify: BLACK		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	completed)	6a. DECEDENT'S USUA (Give kind of work of life. Do NOT use-retin	one during most of working	16b. KIND OF BUSINESS/INDUS	TRY		
APLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	FII	rance	UNK	NOWN		
CO	17. FATHER'S NAME (First, Middle, Last)							
BE	19a. INFORMANT'S NAME (TyperPrint)	opps			19 Jen Fer	25		
2	Esther Hobi	nson	31340	1 1 mo194	Route Number City of Town, State, Zip Co	MD 21213		
	20e. METHOD OF DISPOSITION 1	val from State 20b, P	ACE AND DATE OF DIS	POSITION (Name of	DATE 200-LOCATION - CH	y or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICE	11 1 VI 1 (EN 19119)						
	1 mest 2	Temy W		JOS TO LO	neval Hor	2 (20)		
	23. PART I Enter the diseases, or co	omplications that caused t lst only one cause on eac	he death. Do not an	iter the mode of dying, suc	h as cardiac or respiratory arres	t, Approximata		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. A / D S							
	DUE TO (OR AS A CONSEQUENCE OF):							
ON	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):							
<u>S</u>	cause. Enter UNDERLYING CAUSE (Disease or injury	Bact	remu	a l				
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO (OR AS A C	ONSEQUENCE OF):			- 0		
핑	d.	11/0 119						
SAL	PART II. Other significant conditions	contributing to death but	not resulting in the	underlying cause given in	PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC					1 YES 2 NO	OF DEATH?		
	DID TOBACCO USE CO	ONTRIBUTE TO C	AUSE OF DE	ATH YES NO				
SICIAN:		HOSPITAL:		28 PLACE OF DEATH (Ch				
РНҮЅ	1 VES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outpeti	28b. TIME OF	28c. INJURY AT	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW INJURY OCCUI	RED		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK? 1 YES 2 NO				
8	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY — building, etc. (Specify	Rural Route Number,					
립	29s. CERTIFIER (Check only Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as attated.							
COMPLET	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated 29b. SIGNATURE AND TITLE OF CONTINUE.							
TO BE	30/NAME AND ADDRESS OF PERSON, WHO	23 /8 ≥ 9	STE SIGNED (Month, Day, Year) 9-26-94					
	MORS MI)							
	SEP2 9 1994 Filed (Month, Day, Year) 4 Files TRAYS SIGNAUS AND THE SEP STRAYS SIGNAUS AND THE SEP STRA							
	01110010	/				CICOT		

Administration of the second

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) Mabel Albe					2. DATE OF DEATH MONTH 22/94	3. TIME OF DEATH 6:40 pm. M				
тов	234-34-4532	1 \square M 2 \cancel{R} F 75 YRS. MONTHS DAYS HOURS MIN. 10/12				7. DATE OF BIRTH (Month Cay, 1981) 10/12/18	BIRTHPLACE (State or Foreign Country) WV				
				Essex				eccounty of DEATH Baltimore			
DIRECTOR	Maryland 10b. COUNTY 10c. CITY, TOWN OR LOCATION ESSEX					10d, INSIDE CITY LIMITS? 1 U YES 2 NO					
BY FUNERAL	1 Brett Court 101. ZIP. COURT 21221					109 CITIZEN OF WHAT COUNTRY?					
	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	larried FORCES? 1 YES 2 NO If yes, specify Cuban, Mar									
COMPLETED	ts. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 10th Grade 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Baker						16b. KIND OF BUSINESS/INOUSTRY Wholesale Bakery				
OM	TOTAL GLAGE						(First, Middle, Maiden Surname)				
BE C	John S. White Laura Wilkin						son				
5	Mrs. Kelli L. O'Do	onnell	5109 P	embroke	Ave. I	Balto., Ma					
	20e. METHOD OF DISPOSITION 1 Divisi 2 (X Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Part of Par										
	21. SIGNATURE OF FUNERAL SERVICE LICE	74				lety of Md		72.			
_	George E. Ma			1.		Rd. Balto	-	1228			
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feliure. List only one ceuse on eech line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Acute myocardial infarction Due to (or as a consequence of):										
NOI	Sequentially list conditions, If any, leading to immediate Acute pulmonary edema Due to (or as a consequence of):										
FICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Congestive heart failure 1 day									
CERTIFICATION	resulting in death) LAST	Renal failu	Renal failure 10+ ye								
PHYSICIAN: MEDICAL	Arteriosclerotic cardiovascular disease Performed? Available Prior to Completion of Cause DF DEATH?							COMPLETION DF CAUSE			
N.	T YES 2 NO										
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 1 Xingstlent 2 ER/Outgetlent 3 DOA 4 Number Agen 5 Residence 8 Other (Continue)										
	27. MANNER OF OEATH 1 🔀 Natural 5 🗌 Pending	H 28a. DATE OF INJURY (Month, Day, Year) 28b.		F 28c. INJ	Nursing Home 5 Residence 5 Other (Specify) 28c. INJURY AT 28d. OESCRIBE HOW 1 YES 2 NO			V INJURY OCCUREO			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datarmined	28s. PLACE OF INJURY — building, etc. (Specify	JRY — At home, tarm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNEO (M P 9- 26										
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ba Yin Oung, M.D. 8022 Belair Road Baltimore, MD 21236								· .			
	SEP2 9 1994 July	Dewder Rayly	4								

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DIVISION OF VITAL RECORDS, P.O. BOX

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the foath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
-	1. DECEDENT'S NAME (First, Middle, Last)	ie Wm.					2. DATE OF DEATH MONTH PAR 9/27/94			3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218 07 2794	5. SEX 6. AGE	SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7, DATE OF 1					8. BIRTHPLACE (State or Foreign Country)		
OR	218 07 2794									
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY,	10c. CITY, TOWN OR LOCATION Turners Station				10d. INSIDE CITY LIMITS?			
FUNERAL C	Md. Balto. Tur 100. STREET AND NUMBER 747 S. Avondale Rd.				10f. ZIP CODE 21222			1 PYES 2 NO 109. CITIZEN OF WHAT COUNTRY? USA		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2 MO								
COMPLETED		15. DECEDENT'S EDUCATION (Specify only highest grade completed) mentary/Secondary (0-12) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Laborer 16b. KIND OF BUSIN Steel						JSTRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) Robert H. Cook Emma					E (First, Middle, Maiden Surname) Thomas				
TO B	196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) Geraldine Cook 747 S. Avondale Rd. Balto., Md.						21222			
	4 Donasion 5 Other (Specify)	1 & Burlet 2 Cremation 3 Removal from State 4 Donation COOK Family Cem 10/1 Goochland, Va.							10.00 (c) (c)	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James A. Morton & S 1701 Laurens St. B) . ,	Md.21217	
	23. PART Inter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death disease or condition resulting in death) a. Cute Intracerebral Nemoshage									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN PERFORM 1 TYPE 2					MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?		
AN: M	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Charle code code)									
IVSICI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA OTHER: 4 Nursing Home 5 Sealdence 8 Other (Specify)								
à	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation			NJURY WORK? M 1 YES 2 NO						
ETEO	3 Suicide 8 Could not be 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, straet, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							oute Number,		
COMPLETED	CENTIFIER (Check only one) 1 CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) and manner as stated.									
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER TO NAME AND ADDRESS OF DEPSON WHAT	MA.		DO	D 0 7 6 3 2 29d. DATE SIGNED (Month, Day, Year)				(Month, Day, Year) -8/94	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) T. CROSSAN ODONOVAN 21/2 Dundalk AVE BALTO MD.21222 31. DATE FILED (Month, Day, Year) 32. REGISTRAR SEGIONATURE									
	5EPZ 9 1994 /W	Manager May	tally							

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit nermit. Panes 1	of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exer	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician an	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumal

	1 - FOR STATE REGISTRAR		MARYLAND /	DEPAR	ICATI	OF H	EALTH DEA	AND TH	MENTAL	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) BERTHA				CARTER				SEPT. 26 19			954	3. TIME OF DEATH 1:36 P
	4. SOCIAL SECURITY NUMBER 215-24-2140	5. SEX	8. AGE (In yrs. last birthday) 79 YRS.			DAYS				Day Year)	6. BIRTHPLACE (State or Forei Country) Md •		וערל
œ	9a. FACILITY NAME (If not institution, give ST.AGNES HOSPI	· ·					IORE				9c. COI	UNTY OF E	DEATH
2	RESIDENCE OF DECEDENT												
DIRECTOR	Md. 10c. CITY, TOWN OR LOCATION Baltimor						more			10d. INSIDE CITY LIMITS? 1 XIXES 2 \(\text{NO} \) NO			
FUNERAL	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CI	TIZEN OF 1	WHAT COUNTRY?
N N	4001 Woodridg		IT EVER IN U.S. AR	MED	- 100		212					USA	
BY FL	1 Never Married 2 Merried 3 Widowed 4 Divorced Never Married 2 Merried FORCES? 1 YES 2 FORCES? FYES, GIVE WAR OR DATES					If yes, sp	ecify Cube	in, Maxica	n, Puerto Ri	(Specify Yes	of No—	Spec	E — American Indian, k, White, atc. ify: Black
	15. DECEOENT'S EDI	JCATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON .		16b,	KIND OF BUS	SINESS/IN	•	Didek
COMPLETED	(Specify only highest grad	College (1-4 or 5	life.	Do NOT u	work done se retired.)			ng					
Š	17. FATHER'S NAME (First, Middle, Last)				O I I C	3010		HER'S NA	ME (First, Mi	ddle, Maiden	Surname)		
BE (Westley V. H	enson					An	nie	Hen	son			
2	19a. INFORMANT'S NAME (Type/Print) Anna T. Wilki	ns					nd Number	or Aurel	Route Numbe	timo:			229
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ran	noval from State	20b. PLACE A	ND DATE	OF DISPOS	ITION /Na	me of		DATE	20c. LO	CATION -	City or To	own State
	4 Donation 5 Other (Specify) Md. National Cem. 10-1-94 Laurel, Md.												
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Albert P, Wylie F/H PA													
200	638 N. Gilmor St. 21217												
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, ahock, or heart failure. List only one cause on each line. Approximatintarval Be					Approximata interval Batween Onsat and Daath							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
ا د	PART II. Other significant condition		death but not re	aaulting	in tha un	dariying	cause (givan in		24a. WAS AN PERFOR	MED?	24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICA	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN inspection												
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	E OF DEA	TH (Check								
ַהַ ב	1 X YES 2 NO	1 Inpetient 2			4 🗆 Nun	sing Home	_	aldence	6 🗌 Other				
87 P	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	ay, Year)		M		RK? ES 2] NO	28d. DESC	RIBE HOW II	NJURY OC	CURED	
	3 Suicida 6 Could not be 4 Homicide determined	me, term,	atreat, tactory, office 28f. LOCATION (Street and Number of City or Yown, State)				r or Rural F	Route Number,					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI	ER: On the beat of											i) and manner ea stated.
H H	296. SIGNATURE AND TITLE OF CERTIFIE Therefore	1. Kenis	, wi					C.M					(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WITH THE PORCE M. K	O COMPLETED CAUS								ro.			
	31. DATE FILED (Month, Day, Year)		OS SIGNATURE	ren	п э	rree	: [DdT	L TIIO	re, I	id.L.y	TqII	d 21201

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BALTIMORE, MARYLAND 21215-0020	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	FERAL OIRECTOR: After this certificate has been signed by the attending physician and completely lifted in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s in 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or remonal.
68760,	xecuted with	and completely fille burial, cremation.
P.O. BOX	th certificate be ex	tending physician all Hygiene prior to
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	equires that the dea	of Health and Ments
F VITAL B	SICIAN: The law n	certificate has being the State Dept.
VISION O	ATTENDING PHY	ECTOR: After this after death with
ō	ITAL OR	TZ hour

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	11011	ao-Hua Chen			2. DATE OF DEATH MONTH 26	9 YEAR	3. TIME OF DEATH OB 56 p		
	4. SOCIAL SECURITY NUMBER 154-624423	1 🗆 M 2 🗗 F	87 YRS. M	F UNDER 1 YEAR	IF UNDER 24 MRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Vier)	8. BH	RTHPLACE (State or Foreign unity)		
LOR	od. FACILITY NAME (If not institution, give JOSEPH RICHEY HO RESIDENCE OF DECEDENT				OR LOCATION OF D	EATH	9c. COUNTY O	F DEATH		
DIRECTOR	10a. STATE 10b. COUNT	ALTIMORE	10c. CITY,	TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	100. STREET AND NUMBER 7103 ROLLING BEN	ער מעס עד	D	10	M. ZIP CODE	0.7		F WHAT COUNTRY?		
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	N U.S. ARMED	If yes, sp	CENDENT OF HISPA	NIC ORIGIN? (Specify Yes on, Puerto Rican, etc.)	or No — 14. R. B	IINA ACE — American Indian, lack, White, atc. pecity: IINESE		
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	rk done during mi retired.)	ON ost of working	16b. KIND OF BUSI	NESS/INDUSTR			
E COMP	12 17. FATHER'S NAME (First, Middle, Last) GIN—ANN KUO		HOMEMA	KER	18. MOTHER'S NA	OWN 1 AME (First, Middle, Maiden S IN FAN				
TO B	19a. INFORMANT'S NAME (Type/Print) SHARON CHEN				and Number or Rural	Route Number, City or Town, CATONSVI				
	20b. PLACE AND DATE OF DISPOSITION OATE 20c. LOCATION - City or Town, State Competency, commands or or other place) WOODLAWN MARYLAND 21. SIGNATURE OF FUNESUL SURVICE LICENSEE 22. NAME AND ACORESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL HOMES 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, abock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition Cause of the condition Caus									
CERTIFICATION	disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST Due to (or as a consequence of):									
MEDICAL	PART II. Other algnificant condition	Conditions contributing to death but not resulting in the underlying cause given in Part 1. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO								
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF OEATH (C	1	0000			
BY PHYSICI	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, IN.	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED			
E	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR' building, atc. (Spe	Y — At home, farm, str	eet, factory, offic	C.	28f. LOCATION (Street ar City or Town, State)	nd Number or Ru	ral Route Number,		
COMPLE	onel	SICIAN: To the best of my know						se(e) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	ather political	γ/)		1) 28	MBER 673	29d. DATE SIGN	NEO (Month, Day, Year)		
임	30. NAME AND ADDRESS OF PERSON W	EDIANDER, 1			PAUL PLAC	मग्रवक म	more,	M9 21202		
	31. DATE FILEO (Month, Day, Year) SED 2 0 1004.	32. REGISTRAR'S SIGN	NATURE NOT ROUGH							

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the bunal-tran	moval.	
OURS	filled in b	in, or rer	A Town
TO THE HIGS-TIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	be field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	The second of th

	1 - STATE STATE REGISTRAR		TMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 5. SEX	DRum	mond	9-26-49	3. TIME OF OEATH					
	2/2-20 6952 1 □ M 2 9e. FACILITY NAME (If not institution, give street and nu		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	(Morth, Day, Year) 4-18-1916	BIRTHPLACE (State or Foreign Country)					
TOR	243 PROBLEM F	irma Rd.	9b. CITY, TOWN OR LOCATION OF DE	eath of Ty 9c. COUNT	Y OF DEATH					
DIRECTOR	maryland 10b. COUNTY	10d. INSIDE CITY LIMITS? 1 PYES 2 NO								
FUNERAL	2423 Terry F	CMA Rd.	101. ZIP CODE 2/205	10g. CITIZE	S, H,					
B	1 Never Married 2 Merried FORCE	DECEDENT EVER IN U.S. ARMED ES? 1 YES 2 NO B. GIVE WAR OR DATES	1 YES 2 NO If yes, specify Cubarr, Mexican, Puerto Rican, etc.)							
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (USUAL OCCUPATION work done during most of working re retired.)	16b. KINO OF BUSINESS/INDUS	STRY					
5 ш	17. FATHER'S NAME (First, Middle Ledt)	1.	16. MOTHER'S NAME (First, Middle, Maiden Surpaine)							
TO B	(190. INFORMANT'S TAME (Type/Print)	F5/e5 242:	AODRESS (Street end Number or Rurel	Route Number, City or Town, State, ZipC	md 2125					
11021 00	20e, METHOD OF DISPOSITION 1 © Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, crematory or other place). Complete, cremation or other (Specify)									
CYGUILLE	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Russ	22. NAME AND ADDRESS OF FA	CONTRACE BY	Al Home					
מוני חופ וופפונים	23. PART I. Entar the diseases, or complications that caused the death. Do not enter the moda of dying, such as cardiac or raspiratory arrest, shock, of haert failure. List only one cause on aach line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):									
ATION	Sequentielly list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF)									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
DICAL	PART II. Other significent conditions contribu	iting to deeth but not resulting	in the underlying ceuse given in	Pert I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
AN: ME	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YES NO		1 TYES 2 NO					
YSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input	「AL: lent 2 ☐ ER/Outpetient 3 ☐ DOA	26. PLACE OF DEATH (Ch OTHER: 4 Nursing Home 5 Residence							
BY PHY		OATE OF INJURY (Month, Day, Year) 28b. TIM		28d. OEŞCRIBE HOW INJURY OCCU	RED					
TED	3 Suicide a Could and 28e.	PLACE OF INJURY — At home, farm, a building, etc. (Specify)	dreet, fectory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,					
COMPLETED				to the cause(e) end menner as stated time, date end place, end due to the						
BE	296. SIGNATURE AND TITLE OF CERTIFIER	3 Berita	SWM 29c. LICENSE NUN		128194					
2	30, NAME AND ADDRESS OF PERSON WAS COMPLET	TED CAUSE OF DEATH (TEN 27) (7)04	The As a	Rat by	D-1700					

W. 2 . 3 . W.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within formus after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MAIN STATE OF MAI	RYLAND / DEPART CERTIFIC	MENT OF HEAD CATE OF DE		NTAL HYGIENE	E		
	1. DECEDENT'S NAME (First, Middle, Last) Shirley B.	Dogolo	ff	2	DATE OF DEATH DAY	-94 YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 215-18-7827 5. SEX 6. /		IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) MIN. JULY 25,1918 B. BIRTHPLACE (State Country) MD.					
OR	9a. FACILITY NAME (If not institution, give street and number) 7121 PARK HEIGHTS AVE., APT		BALTIMORE			9c. COUNTY OF	OEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY	
	MD.	BALT	IMORE				LIMITS?	
FUNERAL	100. STREET AND NUMBER 7121 PARK HEIGHTS AVE., APT	#505	10f. ZIP C				F WHAT COUNTRY?	
S	11. MARITAL STATUS 12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DECENDEN	T OF HISPANIC	ORIGIN? (Specify Year	U.S or No.— 14. RA	ICE - American Indian	
BY	1 Never Merried 2 Merried FORCES? 1 IF YES, GIVE WAR (If yes, specify C		Puarlo Rican, etc.)		ack, Whita, atc. ecrity:WHITE	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	18a, DECEDENT'S US (Give kind of wor life, Do NOT use	SUAL OCCUPATION is done during most of we retired.)	orking	18b. KIND OF BUSI	INESS/INDUSTRY		
MPL	Elementary/Secondary (0-12) College (1-4 or 5+)	TEACHER			EDUCAT	ION		
	17. FATHER'S NAME (First, Middle, Last)		18. M	OTHER'S NAME	(First, Middle, Maiden S			
BE	DANIEL BARRON 190. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street and Num	IDA	BLAUST			
임	MR. SYLVAN A. DOGOLOFF	7121 P	ARK HEIGHT	S AVE.	,APT.505,	BALTO.,		
20s. METHOO OF DISPOSITION XXBuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of O9/26/94) 20c. LOCATION — City or Town, State Carriery Crematory Crematory Countries DALTIMORE HEBREW, BERRYMANS LAND BALTO., MD.								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ewis		INSON .	& BROS. ,		- 03035	
NO	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Sequentially list conditions,							
CERTIFICATION	if sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST							
PHYSICIAN: MEDICAL	PART II. Other <u>algnificant</u> conditions contributing to dea	th but not reauiting in	tha undarlying caus	a given in Par	t I. 24a. WAS AN A PERFORM	AED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
N.	DID TOBACCO USE CONTRIBUTE TO CAUS	E OF DEATH YES	□ NO □ UN	NCERTAIN.			1 TES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH	THER:					
HYS	1 YES 2 NO 1 Inpetiant 2 ER/ 27. MANNER OF DEATH 28e. DATE OF INJU	IRY 28b. TIME (Other (Specify)	JURY OCCURED		
ВУ Р	1 Netural 5 Pending (Month, Day, Ye 2 Accident Investigation	ear) INJUR	WORK?					
	3 Suicide 8 Could not be detarmined 28e. PLACE OF IN. building, etc.	JURY — At home, farm, stra (Specify)	el, factory, offica	28	f. LOCATION (Street an City or Town, State)	nd Number or Rura	l Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1. CERTIFYING PHYSICIAN: To the best of my in the b						(a) and manner as stated.	
TO BE 0	296. SIGNATURE AND TITLE OF CERTIFIER Barbara a Conclusion	ect M		Dalo"	794	29d. OATE SIGNE ▶ G → 6	EO (Month, Day, Year)	
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF UNW MD Cancer Ctr	FOEATH (ITEM 27) (Type, Pr	Greene	e 5+.	Baltin	more.	MD 21201	
	SEP 2 9 1994 32. REGISTRAR'S							

The state of the state of the state of

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR
- STATE REGIST
1. DECEDENT
4. SOCIAL SEC
184_0
9a. FACILITY N
RESIDENC
10a. STATE
Pa.
10e. STREET A
12
11. MARITAL S
1 Never Ma

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIF	CATE OF	DEATH	R	EG. NO.			
	DINATALE, PHYLLI.	5	T		2. DATE OF MONTH	DEATH DAY		YEAR 7 (L.	3. TIME OF DEATH 535 Am
		s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	BIRTH V. Vear)		Country	PLACE (State or Foreign
	184_03-0467 1 M 2 F 77 9a. FACILITY NAME (If not institution, give street and number)	YRS.	1986	OR LOCATION OF DI	Oct.	8, 1		Peni	isylvania
DIRECTOR	Sinai Hospital				city		9c. COUNT	TY OF DE	АТН
E	10a, STATE 10b, COUNTY	10c. CITY	Y, TOWN OR LOCAT	ION					10d. INSIDE CITY
ā	Pa. Philadelphia		Philadelphia					LIMITS?	
FUNERAL	1204 S. Marshall St.		101. ZIP CODE 19104				10g. CITIZEN OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced 12. WAS DECEDENT EYER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Ye If yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 YES 2 NO Specify:			pecify Year	or No-		- American Indian, White, atc.
	15. DECEDENT'S EDUCATION 184	DECEDENT'S	USUAL OCCUPATION	ON .	16b, KIN	D OF BUSI	INESS/INDU		uie
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	Ilfe. Do NOT us	e retired.)	k done during most of working stired.)					
OM	17. FATHER'S NAME (First, Middle, Last)	House	ewise	18. MOTHER'S NA	ME (First, Middle	e. Maiden S	Surname)		
BE C	Frank Averona				e Latt		,		
TOE	19a. INFORMANT'S NAME (Type/Print) John F. DiNatale			nd Number or Rural of Glyn			State, Zip 0	Code)	
	20a. METHOD OF DISPOSITION 20b.PLA	CE AND DATEO	F DISPOSITION (Na	ma of	OATE	20c. LOC.	ATION C		
	4 Donation 5 Other (Specify)	rroll of	Hematio		4-94	Hamp	ostea	.d, 1	ld.
	21. SIGNATURE OF FUNERAL SERVICE LICENSPE			ID ADDRESS OF FA	118	24 R	eiste	rsto	wn Road
	23. PART i. Enter the diseases, or complications that caused the	daath. Do n	ot antar tha mo	tuneral	HOMe.	or respir	terst	own,	Md. 21136
	shock, or heart failure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in death) a. L Y M D H O M OUE TO (OR AS A COR	line.		,					intarval Batween Onsat and Daath
RIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events								
CERI	resulting in death) LAST								
CALC	PART II. Other significant conditions contributing to death but n					. WAS AN A			WERE AUTOPSY FINDINGS
MEDIC	Coaquiopathy, Monbocytope			De Failure	10	YES 2	. /		AMAILABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? 1 YES 2 NO
	DID TOBACCO USE CONTRIBUTE TO CA	USE OF		ES NO	76.2				
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lant 2 ER/Outpat lant	2 000	OTHER:	ACE OF OEATH (Ch					
PHYSICIAN:	27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year)	28b. TIME	E OF 28c, INJ		28d. OESCRIE		JURY OCCU	JREO	
١	Pending 2° Accident Investigation		M 1 🗆 1	RK? 'ES 2 NO					
	3 Suicide 8 Could not be 4 Homicide 8 Could not be determined	t home, term, s	treet, factory, office		281, LOCATIO City or To	N (Street an wn, State)	nd Number o	r Rural Ro	oute Number,
COMPLEIED	29a. CERTIFIER (Check only one)								
- 111	2 MEDICAL EXAMINER: On the basia of examination and	/or investigation	n, in my opinion, d						
2	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UBE(1	P64-I	PAS#	182¢		29d. DATE	SIGNED (Month, Day, Year)
2	ANIL K. DUBEY SING LL			111001) 11			7	T
	31. DATE FILED (Month, Day, Year)	sp-of	Baltin	none l	palita	we,	MD)	
	SEP2 9 1994 July 10 William 10 1993								j

Decuted within revinours after death. Page 6 may be retained by the hospital or attending physician.

Indicampletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS,

TO THE HOSPITAL DR ATENDING PHYSICIAN: The law requires that the dear can be necuted withing footh as after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the an opposite and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Merical managements to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 68760

	FOR
1	STATE
	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		ÇE	- THE	ICATE	OF	DEAL	п	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest) NORMA	I.		DISN	NEY				2. DATE OF DEATH MONTS P 26	°1 994	YEAR	3. TIME OF DEATH 2:57 am
	4. SOCIAL SECURITY NUMBER 212 30 2232	5. SEX 1 M 2 X F	6. AGE (In yrs. less	t birthday) YRS.	IF UNDER 1	DAYS	IF UNDER 2	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day Year) DEC. 3, 1	.933	Country	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY,	TOWN C	OR LOCATION	N OF DEA			INTY OF D	4
R	Saint Joseph Hospital				7	Tow	son, N	Maryla	and		Baltim	
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY									1		
DIRECTOR	Maryland An	ne Arund	undel Glen Burnie			Burnie		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER 809 North Shore	Dr.				101	. ZIP CODE	2106	10g. CITIZEN OF W United			
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ▼ NO				13. W	AS DEC	ENDENT OF	F HISPANI	C ORIGIN? (Specify Ya	or No-	14. RACE	— American Indian,
BY	1 Never Merried 2 Married 3 Widowed 4 Divorced		MAR OR DATES	2 X NO If yes, specify Cuban, Maxican, Puarto F					Speci	white, etc. White		
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DE(CEOENT'S	USUAL OC	CUPATIO	ON st of working	,	16b. KIND OF BU	SINESS/INI	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	Ha	Do NOT us	se retired.)	uning mo	at or working	,				
MP	7			Hom	emaker				Dome	stic		
8	17. FATHER'S NAME (First, Middle, Last)								E (First, Middle, Maiden			
BE	William			Lyn				adeli		I.		Coulter
2	19a. INFORMANT'S NAME (Type/Print)		19b						oute Number, City or Tow			21252
	Frank L. Disney							Dr.,	Glen Bur			21060
20a METNOD OF DISPOSITION WXBurial 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, ce												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MCCUITY Funeral Home of Pasadena							na				
_	Suxulle My OV	Gran.		S					Rd., Pas			21122
.)	23. PART I. Enter the diseases, or cahock, or heart fallure. IMMEDIATE CAUSE (Final disease or condition	List only ona cau	use on aach lina.		not enter t	the mo	da of dyin	ng, auch	as cardiac or rasp	ratory ar	rest,	Approximata interval Batween Onaat and Daath
	reaulting in death)	CARDIO	GENIC SHO							4 Hours		
_		ACUTE			,	спо	MA		a D			
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate		(OR AS A CONSEC				A A					9 Days
SAI	cause. Enter UNDERLYING	à										
Ē	that initiated events		(OR AS A CONSEO	UENCE OF	F):							
	resulting in death) LAST	i										
0	PART ii. Other aignificant condition	s contributing to	death but not re	eaulting i	in the und	tarivino	causa di	van in P	art i, 24a. WAS AN	AUTOREV	1 245	WERE AUTOPSY FINDINGS
S I			220 1100 11	- darting	m the dire	, u	y cadaa gi	ver in E	PERFOR	MED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ä									1 YES 2	∕ ™ ,NO		OF DEATH?
Σ	DID TOBACCO USE CONTR	DIDLITE TO CA	LISE OF DEAT	TU VE	N	IO F	1 10000	DTAIN	_			1 TYES 2/ANO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	CIBUTE TO CA			N (Check of		UNCE	RTAIN				
<u> </u>	EXAMINER?	HOSPITAL:	ER/Outpatient 3		OTHER:	:			_ F-1 F			
¥	27. MANNER OF DEATH	28a. DATE OF		28b. TIM		ng Hom 26c. INJ			Other (Specify) 28d. DESCRIBE NOW I	N ILIBA UC	CUBED	
	1 Natural 5 Pending	(Month, D		INJ	URY	WO	RK?		EGG. DEGGINDE NOW !	NOOM1 OC	CONED	
B	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE O	F INJURY — At hor	ne, farm, s	street, factor				261. LOCATION (Street a	ind Numbe	r or Rural F	oute Number
	4 Nomicide 6 Could not be detarmined	building,	etc. (Specify)						City or Town, State)			
9	29a. CERTIFIER	NAM: To the best of	- kasuladaa daa	ab a sa	122		E. Even in	S11=3	o the cause(a) and man	S. C.N.	27	
COMPLET	(Check only one) 2 MEDICAL EXAMINE											and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER											
H	mach!	na	hos				29c. LICEN		EN	29d. DAT	9-2	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUS	SE OF OEATN (ITFM	27) /Tron	Print)						1 00	17
	FRANCIS KHOO, M	.D., ST. J	OSEPH H	OSPI	TAL,	7620	YOR	K RO	AD, TOWSO	N, ME	2120)4
	SEP2 9 1994 Julia	32. REGISTRA	'S SIGNATURE									

Line training to the second se

FOR STATE REGISTRAR

3. TIME OF DEATH 47

8. BIRTHPLACE (State or For

Baltimore City

14. RACE — American Indian, Black, White, atc.

10d. INSIDE CITY

1 YES 2 NO

States

White

Maryland

10g. CITIZEN OF WHAT COUNTRY?

9c. COUNTY OF DEATH

United

(Unknown)

REG. NO

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH Isabel Dickerson 09 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 911 IF UNDER I YEAR IF UNDER 24 HRS. 83 84 DAYS 1 M 2 1 07/05 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 96, CITY, TOWN OR LOCATION OF DEATH Baltimore ingi Hospital DIRECTOR 2401 W. Belvedere MD Baltimore 10a. STATE 10c, CITY, TOWN OR LOCATION Battimore MD permit. FUNERAL 10a. STREET AND NUMBER 10f, ZIP CODE 38 and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit o burial, cremation, or removal. Road 21218 antabury nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuben, Maxican, Puario Rican, etc.)
1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 1 Neyer Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 4 yrs Teacher Education 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) te Frederick Wood Letitia BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Clark Murphy 29 W. Susquehanna Ave. Towson, Md. 21204 pe 20a. METHOD OF DISPOSITION
1X3 Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata OATE must Woodlawn Cemetery 9-30 Woodlawn, Maryland examiner 21. SIGNATURE OF FUNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd. Towosn, Md. 21204 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or haart failura. List only one cause on each line IMMEDIATE CAUSE (Final the disease or condition Hemmorhagic Infarct (Stroke) resulting in death) executed within traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediate cause. Enter UNDERLYING has been signed by the attending physician Dept. of Health and Mental Hyglene prior to requires that the death certificate be CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated avents resulting in death) LAST 0 any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? MEDICAL 1 TYES 2 NO Shows DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO I WE PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only o ATTENDING PHYSICIAN: The the State Пеп HOSPITAL:
1 Vinpetient 2 ER/Outpetient 3 DOA **EXAMINER?** OTHER: 1 YES 2 NO Home 5 - Residence 8 - Other (Specify) ö 27. MANNEY OF DEATH 28a. DATE OF INJURY this c 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending М 1 YES 2 NO After t BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, term, street, tectory, office building, atc. (Specify) 3 Sulcida COMPLETED 8 Could not be DIRECTOR: 4 Homicide 28 B 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, data and place, and due to the cause(a) and menner as stated. THE FUNERAL 1 filed within 72 h HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 3 wow AS 740 2321AB98 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2901

guts as to the dean handall

1505

Relvedere-Sinoi

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> Approximata Intarvai Batwean **Onsat and Death** 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNEO (Month, Day, Year) DHMH-16 Rav 1/89

TRUE LA LANGET

anger to a contract of

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

7

INSIGIAN: The law requires that the death certificate be executed within a fours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be State Beot. of Health and Mental Hydiere prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atterbe med within 72 hours after death with the State Dept. of Health and Mental	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury,

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM			MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		02.1111110	AIL OI	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
Estella M.	Durham				09/28/94	Y YEAR	4:30 am M
4. SOCIAL SECURITY NUMBER 124-09-0532	5. SEX 8. AGE (In y		UNDER t YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 06/06/12	Coun	
9a. FACILITY NAME (If not institution, give	street and number)	96	L CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF	yland
6695 Hawkeye Ru	ın		Columb	ia		Howar	d
RESIDENCE OF DECEDENT 108. STATE 106. COUNT	rv	10. 0774 77	OWN OR LOCAT				
MD Carr	•		sburg	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 2729 Cedarhurst	: Rd		101.	21048		109. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 XQVIdowed 4 Divorced	11. MARITAL STATUS 12. WAS DECEMENT EVER IN U.S. ARMED 13. WAS DECEMENT FORCES? 1 Never Married 14. WAS DECEMENT EVER IN U.S. ARMED 15. WAS DECEMENT EVER IN U.S. ARMED 16. YES 2. WAS DECEMENT EVER IN U.S. ARMED 17. WAS DECEMENT EVER IN U.S. ARMED 18. WAS DECEMENT EVER IN U.S. ARMED 19. WAS DECEMEN			cify Cuben, Mexical	IIC ORIGIN? (Specify Yea n, Puarlo Rican, atc.)	or No— 14. RAC Blac Spog WM	
15. DECEDENT'S EDI (Specify only highest grad	UCATION 18 completed)	a. DECEDENT'S USL (Give kind of work	done during mos	ON st of working	16b. KIND OF BUS	INESS/INOUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re-	tired.)		na Decker		
17. FATHER'S NAME (First, Middle, Last)		1, 30		18. MOTHER'S NAI	ME (First, Middle, Maiden S	Surname)	
Harry V. Uhler				Alice			
198. INFORMANT'S NAME (Type/Print) Robert E. Dwrh	am	196. MAILING AD	ed Fri	nd Number or Aural F dinger M	ill Rd. We	, State, Zip Code) Stminste	r, MD 21157
20a, METHOD OF DISPOSITION 1 🗷 Buriel 2 🗆 Cremation 3 🗆 Rer 4 🗆 Donation 5 🗀 Other (Specify)	noval from State 20b. PL	ACE AND DATE OF D	PACE OF U	me of		DETCO, N	
21. SIGNATURE OF FUNERAL SERVICE L			7	D ADDRESS OF FAC			rstown Rd.
Jams B.	Line		Eline	Funeral	Home Reisa		
23. PART I. Entar tha diseases, or abock, or heart failure. **MMEDIATE CAUSE (Final disease or condition resulting in death)	a. Collador	illna.	enter tha mod		n ss cardiac or respir	atory arrest,	Approximata Interval Batween Onset and Death
Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CC c. OUE TO (OR AS A CC d.						
PART II. Other significant condition	ns contributing to death but	not resulting in ti	he underlying	cause givan in			. WERE AUTOPSY FINDINGS
					PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						_0	OF DEATH? 1 YES 2 NO
DID TOBACCO USE CONT	RIBUTE TO CAUSE OF I	DEATH YES	□ NO □	UNCERTAIN	1 12		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. HOSPITAL:	PLACE OF DEATH (C	Check only one)				
1 - YES 2 THO	1 inpatient 2 ER/Outpatie	nt 3 🗆 DOA 4	Nursing Home	8 S Realdence	6 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	WO	JRY AT RK? 'ES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURED	
3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — building, etc. (Specify)	At home, term, stree	et, factory, office		281. LOCATION (Street ar City or Town, State)	nd Number or Rural	Route Number,
29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my knowledg	e, death occurred of	t the time. date	and place, and due	to the cause(at and more	ner as eteted	
	ER: On the beals of exemination an						e) end manner se stated.
296. SIGNATURE AND TOTAL OR CERTIFIE				29c. LICENSE NUM			(Month, Pay, Year)
30. NAME AND AGORESS OF PERSON WI	COMPLETEO CAUSE OF OEATH	(ITEM 27) (Type, Prin	Alleol	H C/2	Kel	71	CSUR
31. DATE FILED (Month, Day Year)	32. REGISTIAN'S SUNATU	FE DE	R.	· Cely	/ Let		
SEP 240	TUDA Chila Man	Lean Can J'M	RE'S				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an area for a fire death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

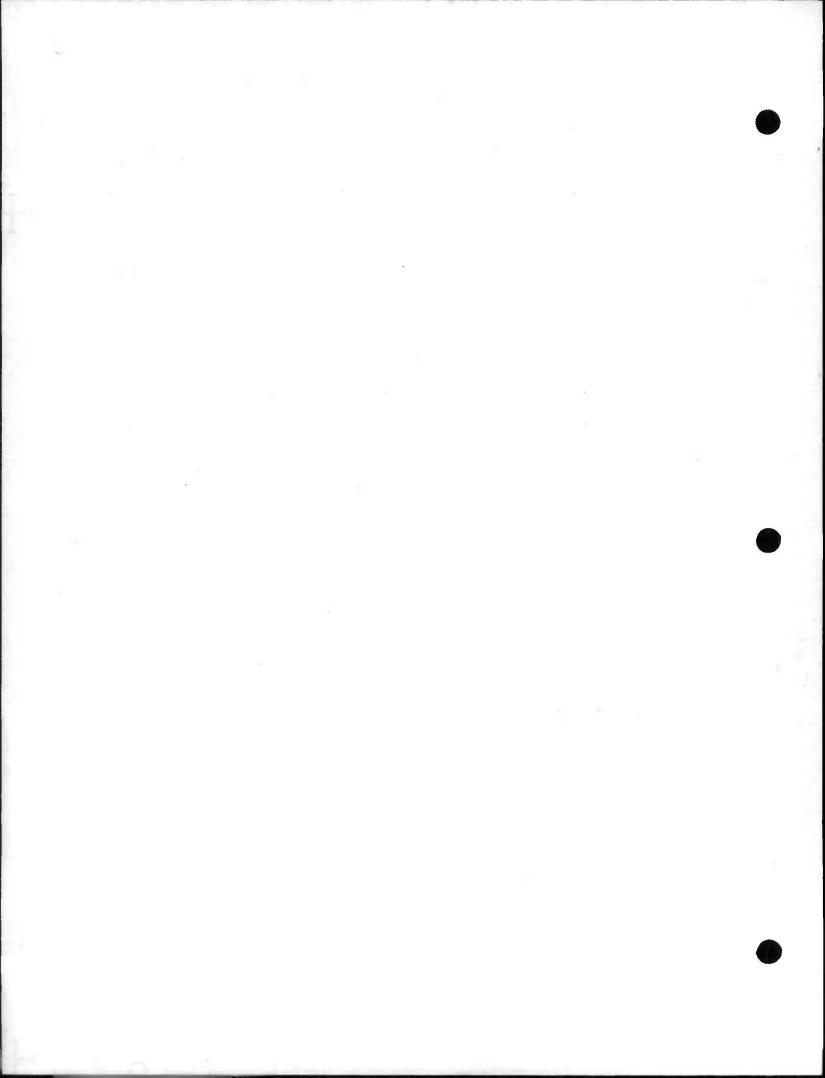
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.

	REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	SHARY/NE LI	UCILLE	EMERY	2. DATE OF DEATH 9 -	25-94	3. TIME OF DEATH
		111	2/1	BIIBRI	MONTH DAY	YEAR	111115 1
					7/25	1 74	4,4/A M
1		1.0		NDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) /	8. BIRTH	IPLACE (State or Foreign
	183-38-00881	□ M 2 QF	47 YRS. MONT	no one noons win.	1/25/4	7 0	4
	9a. FACILITY NAME (If not institution, give street	and number)	9b.	CITY, TOWN OR LOCATION OF DE	ATH	9c. COUNTY OF D	EATH
Œ	1212 Calvert 1	01		Jorth East		and the second	1
DIRECTOR	RESIDENCE OF DECEDENT	(e)	7	70114 6-31		Ceci	
	10a. STATE 10b. COUNTY		10c CITY TO	VN OR LOCATION			10d. INSIDE CITY
E .	MD	./	,	orth East			LIMITS?
	1 Ce	C11	10	01/4 6051			1 YES 2 NO
AL	10e. STREET AND NUMBER	/		10f. ZIP CODE		10g. CITIZEN OF V	VHAT COUNTRY?
E .	1212 Calvert F	d		2-190	/	1151	1
FUNERAL	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN U.S	S ADMED	13. WAS DECENDENT OF HISPAN	/ / / / / / / / / / / / / / / / / / / /	0)) 7	
표	1 Never Married 2 Married	FORCES? 1 YES 2	NO	If yes, specify Cuban, Mexica	in, Puarto Rican, atc.)	Biaci	E American Indian, k, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	s	1 TES 2 NO Specify	y:	Speci	hy: / , / . 1
							White
ED	15. OECEDENT'S EDUCATI (Specify only highest grade com	ON 16i	e. DECEDENT'S USUA	L OCCUPATION one during most of working	16b. KINO OF BUSIN	ESS/INDUSTRY	
		oliege (1-4 or 5+)	life. Do NOT use retir	ed.)	1-01	7 -	/
립	17	4	Charic	ist	184 a	mp/04/2	./
COMPLET	17. FATHER'S NAME (First, Middle, Last)		117510			' /	
	5-108il 7	R.	- 14		ME (First, Middle, Meiden Su	1 01	1 0
B	Treexity JULY JU	annes pra	zelton	Jeany	rette Isub	e//2 /1	e Coy
	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Town,		
2	Charles to	mery	12/2	Calvert Rd	. North !	Fast. 1	1021901
1 1	20a, METHOD OF DISPOSITION	/ Look B1					
	1 Burial 2 Cremation 3 Removal		ACE AND DATE OF DIS ry, crematory or other pl		DATE 20c. LOCA	TION — City or To	wn, State
	4 X Donation 5 Other (Specify)						
1 1	21. SIGNATURE OF FUNERAL SERVICE LICENS	Ronald Wa	ade, Dir	22. NAME AND ADDRESS OF FA	CILITY State	Anatom	v Board
1 1	10 1011	10.11	_ ′	655W.Baltin			
	1 Somethan III	llall					21201
	23. PART i. Enter the disesses, or com	plications that ceused th	e desth. Do not e	nter the mode of dying, suc	h es cerdisc or respira	tory srrest,	Approximats
	Snock, or heart failure. List	only one ceuse on each	iins.			- m	intervei Between
	IMMEDIATE CAUSE (Finel disesse or condition	1 4 11	2	1			Onset and Death
1 1		1 . T. /A	V 1. 1				
	resulting in death) s	Hure Mus	CocaTic L	en penaja			\$ 14mo
1 1	resulting in death) / s	DUE TO (OR AS A CO	NSEQUENCE OF):	enfrenza			\$ 14mo
z	resulting in osath) s	DUE TO (OR AS A CO	COCATIC L ONSEQUENCE OF):	enpenja	2/2 +		\$ 14mo
NOI	Sequentielly list conditions, b.	DUE TO (OR AS A CO	for K	Lucy transp	plant		194ms
ATION	Sequentielly list conditions, If any, leeding to immediate	Cytoxen -	For K	dreg trongs	plant		194ms
ICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury	Cytoxes - JOUE TO JOR AS A CO Glower	for K INSEQUENCE OF): who weak	dueg trongs	plant		194ms 194ms 279vs
TIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	Cytoxen -	for K INSEQUENCE OF): who weak	dueg trongs	plant		194ms 279vs
ERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury	Cytoxes - JOUE TO JOR AS A CO Glower	for K INSEQUENCE OF): who weak	dueg transp	plant		194ms 279vs
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	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	OUE TO (OR AS A CO	POP A PINSEQUENCE OF: W/O Maph INSEQUENCE OF:	dueg transportis			194rs 274rs
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an incomparation. The HOSPITAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 . STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	100	CERTIFIC	CATE O	F DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) JAMES DAVID		JR			2. DATE MONI SE	PT 26	1994	3. TIME OF DEATN
4, SOCIAL SECURITY NUMBER	1 X MM 2 □ F		ONTHS DAY		SEP	T 22, 19	9 4 BIRT	HPLACE (State or Foreign RYLAND
99. FACILITY NAME (II not institution, give s 4918 HINE DRIVE		9		Y SIDE	EATH -		COUNTY OF E	RUNDEL
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v							
MARYLAND ANNE			IDY S	IDE				10d. INSIDE CITY LIMITS 7 1 YES 2 1 NO
100. STREET AND NUMBER 4918 HINE DRIV				20764		10g.	USA	WHAT COUNTRY?
11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 XNO	it yes,	BECENDENT OF HISPAI apacify Cuban, Maxica ES 2 NO Specif	n, Puerto		Blac	E — American Indian, k, Whita, atc. WHITE
15. DECEDENT'S EDU		18a. DECEDENT'S US	UAL OCCUP	TION	168	. KIND OF BUSINESS	S/INDUSTRY	
(Specify only highest grade	College (1-4 or 5+)	(Give kind of wor life. Do NOT use r	k done during etired.) NA	most of working		N.	A	
17. FATNER'S NAME (First, Middle, Lest) JAMES DAVID E	MMERT, SR			18. MOTHER'S NA LORI F	ME (First.	Middle, Malden Surnar EGRANT	me)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AG	ORESS (Street	et and Number or Rural	Acute Num	her City or Town State	e Zin Code)	
BONNIE KERSHAW		96 WES	T PL	AZA DEL	LAG	O ISLAM	ORADA	,FLA 33036
1X Xeuriat 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)	cerr H	PLACEAND DATE OF	MEM	. GARDEN	159/	27 ANNA	POLIS	, MD
21. SIGNATURE OF FUNERAL SERVICE LIC	S- ROMY		22. NAME HA 12	RDESTY F RIDGLEY	UNE AV	RAL HOME. ANNA	E,PA PÓLIS	,MD 21401
23. PART i. Enter tha diseases, when shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OUE TO (OR AS A DUE TO (OR AS A C.	CONSEQUENCE OF):	entar the	node of dying, suc	h as car	diac or raspiratory	y arrest,	Approximata interval Batween Onset and Daeth
resulting in death) LAST	d							
PART II. Other significant condition	s contributing to dasth b	ut not resulting in	the undarly	ing cause given in	Part I.	24n, WAS AN AUTO	PSY 24b	. WERE AUTOPSY FINDINGS
						PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					_	1 TYES 2 NI	°	OF DEATH?
				1 /				1 YES 2 NO
DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YES		UNCERTAIL	N 🗆			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF OEATN	Check only of	ne)				
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		THER:	ome 5 Residence	8 Oth	er (Specify)		
27, MANNER OF OEATH 1 Netural 5 Pending Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME C	0F 28c.	NJURY AT WORK?		SCRIBE NOW INJURY	OCCUREO	
2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide detarmined	28s. PLACE OF INJURY building, etc. (Special control of the contro	— At home, farm, atre	et, tactory, of	Yica		CATION (Street and Nu- or Town, State)	mber or Rural	Route Number,
	ICIAN: To the best of my know							a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE		111		29c, LICENSE NUI	MBER	29d.		(Month, Day floar)
30. NAME AND ADDRESS OF PERSON AND	ST-EINI	ATN (ITEM 27) (Type, Pr	(nt) 5/	1004510	re	Md	21	764.
SEP2 9 1994 Jul	A Statistical Section	WRE .						

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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after death. Page 6 may be retained by the hospital or attending physician.	I-transit o		t or flow 23 chause any injury or other traumatic event the medical eventines must be matitized at some
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h. Page	certificate has been signed by the attending physician and completely filled in by the funeral direc		minar m
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SICIAN: The law requires that the death cer	ficate t	State	item.
1XSICIA	ils certi	with the	ed or
JING P	After th	death w	item 28 ls marked
AI TENE	SIGN.	after	28 15
L OH A	DIRE(hours	Hem
SPIIA	NERAL	thin 72	NT: IF
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF	HEAUTH AND	MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)	Oy William				2. DATE	E OF OEATH		YEAR 3	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 216-07-3068	1 🔀 M 2 🗆 F	In yrs. lest birthdey) 83 YRS.	IF UNDER 1 YEAR		7. DATE (Mon	OF BIRTH (h, Day, Year) -07-11	, ,	Country)	ACE (State or Foreign ARYLAND	
TOR		ST. AGNES HOSPITAL RESIDENCE OF DECEDENT					OWN OR LOCATION OF DEATH FINORE BALTI			TH PORE	
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND BAI		N OR LOCATION CATONSVILLE				10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
FUNERAL	10e. STREET AND NUMBER 710 RAYNOR AVENUE 11. MARITAL STATUS 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 □ YES 2 ☑ NO IF YES, GIVE WAR OR DATES				101. ZIP CODE 2122	8			10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
ВУ					DECENDENT OF HISPA , specify Cuban, Maxic YES 2 NO Speci	an, Puarto	N? (Specify Yes Ricen, etc.)	or No.			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)				ERN	STRY						
BE COM	17. FATHER'S NAME (First, Middle, Last) GEORGE ESPEY				16. MOTHER'S N. MARGARI			Surname)			
TO		SPOUSE)			et and Number or Rural AVENUE CA					21228	
	20a. METHOD OF DISPOSITION 1 Seural 2 Cremation 3 Ramo 4 Oonation 5 Other (Specify) 21. SIGNATURE OF FUNERAL ACTIONS	cem LOI	etery, crematory or o	ther place) K CEME	TERY 10-0			CATION — CH		, Stata RYLAND	
	· Lucie	ender	e	LERO	Y M & RUS	SELL N AVI	ENUE CA	TONSV	ILLE	L HOMES MARYLAND	
	23. PART i. Enter the diseases, or c shock, or heert failure. I iMMEDIATE CAUSE (Finei disease or condition	omplicationa that caused list only one ceuse on ed	I the death. Do rech line.	not enter the	mode of dying, au	ch as car	diac or respi	ratory arres	et,	Approximate Interval Between Onset end Death	
	resulting in death)		CONSEQUENCE O	F):	16 10 11	24	2070			SMIN	
CERTIFICATION	if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	PI:				219/7	165	2 DAYS	
	PART II. Other significant conditions	contributing to deeth be	ut not resuiting	in the underly	ying cause given in	Part i.	24e. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS	
MEDICAL							PERFOR	MED?	A CI	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO	
PHYSICIAN:	DID TOBACCO USE CONTR		F DEATH YE			ИД					
IYSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 M Inpatient 2 - ER/Output 26a. DATE OF INJURY			lome 5 - Residence	1					
BY PI	1 Naturel 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1 [INJURY AT WORK?		SCRIBE HOW II				
ETED	3 Suicide 6 Could not be determined	26a. PLACE OF INJURY building, atc. (Speci	— At home, larm, s	streel, lactory, o	ffica		CATION (Street a or Town, State)	nd Number or	Rural Roul	te Number,	
COMPLET		CIAN: To the best of my knowle t: On the basis of exemination								nd manner as stated.	
BE	206. SIGNATURE AND THE OF CENTIFIER			-	29c. LICENSE NU	MBER		29d. DATE S	GIGNED (M	onth, Day, Year)	
2	NICHOLAS ME	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	9mm) 57. A		1405	PITA	,	/~0		
	NICHOLAS METEENR, M.D. ST. AGNES HOSPITAL 1. DATE FILED (Month, Day, Year) SED 2 0 1004 Substitution hardely										

3	1. DECEDENT NAME (First, Middle, Last	•	Lin	11	0	2. DATE OF DEATH	H DAY	SEAR 3. TIME OF DEAR
	WITH Y Hary		115	1151	4		-///7	2.7
	4. SOCIAL SECURITY NUMBER 219⇒28⇔8718		In yrs. last birthday) YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea	ir)	BIRTHPLACE (State or F Country)
	9a. FACILITY NAME (If not institution, give	7	3	9b. CITY TOWN	OR LOCATION OF DE	10/15/19		Maryland Y OF DEATH
R	Church Hospital				timore Ci		30.00011	T OF DEATH
ECTOR	RESIDENCE OF DECEDENT							
DIRE	Maryland	Baltimore	10c. CITY,	, TOWN OR LOCA		emere		10d. INSIDE CIT LIMITS?
	10e. STREET AND NUMBER	buccomorce		10	of, ZIP CODE	one te	10g, CITIZE	1 YES 2)
ER/	2820 Nathaniel	Way			212	219		ited States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DE	CENDENT OF HISPAN pecify Cuben, Maxican	IC ORIGIN? (Specify	Yea or No- 14	I. RACE — American Ind Black, White, atc.
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			S 2 X NO Specify		,	Specify:
ED	15. DECEDENT'S ED		16a. DECEDENT'S L	USUAL OCCUPAT	ION	16b, KIND OF	BUSINESS/INDUS	Wh
E	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of we life. Do NOT use	ork done during m retired.)	ost of working			
COMPLET	6th Grade		Home	maker			Own Hon	16
00	17. FATHER'S NAME (First, Middle, Last)					NE (First, Middle, Ma	,	
BE	Charles J. Fraz	ier				F. Fraz		
5	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural R			
	Ronald Fisher	100			riel Way			
	1 Burial 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	emoval from Stata	PLACE AND DATE OF etery, crematory or oth O.R. L. A.W.N.	comoton	Ly 9/30/94	DATE 200	Baltimo	re, Maryla
	21. SIGNATURE OF FUNERAL SERVICE							
		111		22. NAME A	AND ADDRESS OF FAC	ILITY O LI	/ 0	1 01. 7
	23. PARY I. Enter the diseases, or shock, or heart fellure immediate CAUSE (Finel disease or condition	e. List only one cause on ea	ach line.	7922	Wise Ave.	Dunda	ek, MD	Approxim Interval E Onset an
TIFICATION	23. PART i. Enter the diseases, or shock, or heart fellure iMMEDIATE CAUSE (Finel	a. DUE TO (OR AS A DUE TO (OR AS A	I the death. Do not ach line. S 1 5 CONSEQUENCE OF: CONSEQUENCE OF:	7922 ot enter the ma	Wise Ave.	Dunda	ek, MD	21222
ICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart feilure immediate cause or condition resulting in death) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A d. DUE TO death be	ach line. S S CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF)	7922 ot enter the m	Wise Ave.	Part I. 24a. WA.	Ek, MD eapiratory arrea s an autopsy aronmed?	21222 st, Approximinterval E Onset an S S S S S S S S S S S S S S S S S S
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MEDICAL CE	23. PART I. Enter the diseases, or shock, or heart feilure immediate CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are sufficient to condition the cause of the cause of the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A b. DUE TO (OR AS A c. DUE TO (OR AS A d. One contributing to death be HOSPITAL: 1 F inpettent 2 ER/Output	consequence of consequence of the consequence of th	7922 ot enter the model of the	Wise Ave. ode of dying, such ng ceuse given in i	Part I. 24a. WAL PER 1 YE ck only one)	Ek, MD eapiratory arrea s an autopsy aronmed? s 2 M NO	21222 st, Approximinterval E Onset an State of S
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ED BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the diseases, o shock, or heart feilure immediate CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions or conditions of the condits of the conditions of the conditions of the conditions of the c	B. List only one cause on each series. B. DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A d. DUE TO (OR AS A DATE OF INJURY (Month, Dey, Year) D. 28e. PLACE OF INJURY	ach line. S S S CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) Ut not resulting in UA 2 atlent 3 DOA 28b. Time inju At home, farm, st	28. P OTHER: 4 Nursing Hoi NPRY M 1	Wise Ave. ode of dying, such ng ceuse given in i PLACE OF DEATH (Che me 5 Rasidenca TORK? YES 2 NO ca	Part I. 24a. WAL PER 1 YE CK only one) B Other (Specify) 28d. DESCRIBE HO City or Town, S	ER, MD eapiratory arrea S AN AUTOPSY AFORMED? S 2 M NO DW INJURY OCCUI reet and Number or Rate) menner as stated	21 2 2 2 St. Approximinterval E Onset an University of St.

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BALTIMORE, MARYLAND 21215-0020	hours after death. Pane 6 may he retained by the hospital or attending physical
BALTIMORE, MA	urs after death. Pane 6 may be retain
P.O. BOX 68760,	th certificate be executed within

DIVISION OF VITAL RECORDS,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND A	DEPARTMEN			ENTAL HYGIENE REG. NO.				
	Georgia C. Fisher				2. DATE OF DEATH MONTH DAY	-94 YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITO NUMBER 5. SEX 6. AGE (In yrs. In 1 - M 2 1/2 F 86	YRS. MONTH	7. DATE OF BIRTH (Month, Day, Year) 03-05-08	MA	RYLAND				
HOL	9a. FACILITY NAME (If not institution, give street end number) UNIVERSITY HOSPITAL RESIDENCE OF DECEDENT	ITY HOSPITAL I					DEATH		
DIRECTOR	100. STATE 100. COUNTY MARYLAND BALTIMORE	10c. CITY, TOW	TOWN OR LOCATION CATONSVILLE			10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
FUNERAL	10e. STREET AND NUMBER 122 SANFORD AVENUE 11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			101. ZIP CODE 21228			10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
à				NDENT OF HISPANII city Cuban, Mexican. 2 NO Specity:	C ORIGIN? (Specify Yea o , Puerto Rican, etc.)	r No — 14. RAC	E — American Indian, ck, White, etc.		
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اسا	8 17. FATHER'S NAME (First, Middle, Last) GEORGE BAUMES	HOMEMAR	VER.		ONNOLLY				
108	GEORGE T. FISHER (SON) 1				ONSVILLE M		21228		
	1 Buriel 2 Cremetion 3 Removal from State cemetery, cr	and date of dispendent or other place	oe) METER		+94 ELLI	COTT CI	own, State TY MARYLAND		
	* Kumusan este		1630 F	DMONDSON	ELL C WITZ	TONSVIL	LE MARYLAND		
RTIFICATION	23. PART I. Entar tha diseases, or complications that caused the deeth. Do not enter shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated events resulting in death) LAST			barach	noid & Sub	dyral f	Approximate interval Between Onset and Death		
MEDICAL CE	PART II. Other significent conditions contributing to death but not	resulting in tha	underlylog	cause owerAct	STAN MAS AN AI PERIFORM	E07	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
AN: M	DID TOBACCO USE CONTRIBUTE TO CAU	SE OF DE		ES NO			1 YES 2 NO		
PHYSICIAN:	EXAMINER? HOSPITAL: 1 VIES 2 NO 1 Inpetient 2 ER/Outpatient	28b. TIME OF	ER: lursing Home 28c. INJU			JURY OCCURED			
8	1 Neturel 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined determined	INJURY M ome, farm, street, t	1 🗆 Y	YES 2 KNO Fell down Stairs 108 281. LOCATION (Street and Number or Aural Aoute Number, 108 201. LOCATION (Street and Number or Aural Aoute Number, 108 201. LOCATION (Street and Number or Aural Aoute Number,					
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, do not be mainly one of examination end/or						(a) and manner se stated		
O BE CC	296. SIGNATURE AND TITLE OF CERTIFIER O Critical	e care		29c. LICENSE NUMI			D (Month, Day, Year) 7 94		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE MORTA 2AVI, M.D. 22 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	South	GV	reene	St. Bal	to. 1	10 212201		
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DIVISION OF VITAL REC

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BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physicia	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the recours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR										
	1 - STATE REGISTRAR	SIAIE UF	MARYLAND /	DEPAR	ITMENT OF H	EALTH AND	MENTAL				
	1. DECEDENT'S NAME (First, Middle, Last)		- OL		TOATE OF	DEATH	2. DATE OF	REG. NO.		1 2	TIME OF DEATH
		TA blen	len Gre	ona	walt		MONTH	D/	7 10	YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER 24 HRS.	Sept		, 1		4:30 A M
		1 XM 2 F	74	YRS.	MONTHS DAYS	HOURS MIN.		771	. l	Country)	land
	212-03-3318 9a. FACILITY NAME (If not institution, give s	(55)	74		9b. CITY, TOWN C		· ·	. / / 1.			
œ	603 St. Franci				200	WSON	OEATH			TY OF DEAT	
5	RESIDENCE OF DECEDENT	5 Koau				OWSOII			De	TLLI	юте
ñ.	10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LOCAT	ION				10	d. INSIDE CITY
B	Maryland	Baltim	ore			Тот	wson			1	LIMITS?
AL	10e. STREET AND NUMBER				101	. ZIP CODE	W D O 11		10g. CITIZ		T COUNTRY?
EB	603 St. Franci	s Road				2.1	1286			USA	
5	11. MARITAL STATUS	12. WAS DECEDER	T EVER IN U.S. ARI	MED	13. WAS DEC	ENDENT OF HISP	ANIC ORIGIN?	Specify Yea	or No-		American Indian, /hita, atc.
BY FUNERAL DIRECTOR	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	YES 2 N	U	1 TYES	cify Cuban, Maxi 2 X NO Spe		en, atc.)		Specify:	/hita, atc.
			WW II							V	White
TEI	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DEC	CEDENT'S	USUAL OCCUPATION work done during most a retired.)	on sl of working			INESS/IND		
빌	Elementary/Secondary (0-12)	College (1-4 or 5	+)								oing &
COMPLETED	10		<u> </u>	mpa	ny Pres					ply	Co.
8	17. FATHER'S NAME (First, Middle, Last)	1				18. MOTHER'S P			,		
BE	Ehrman Gr	eenawaı					Jenni				
9	Margaret C. Gr	00000001			AOORESS (Street as						006
	20a. METHOD OF DISPOSITION	eenawar			t. Fran					212 Otty or Town,	
	1 Donation 5 Other (Specify)	oval from State	cemetery, crer	natory or o	ther plece) ematory	Tno	O / 2 Q			nore,	
	21. SIGNATURE OF THERAL SERVICE IN	ENSES A	//	<u> </u>	22, NAME AN	D ADDRESS OF	FACILITY				
	sen .	1.00	R		Crema	tion S	Societ				
100	George E.										21228
	23. PART i. Enter the diseases, or ahock, or heart fallure.	List only one car	it causad the dea use on each lina.	ath. Do r	not entar tha mo	da of dying, su	ich aa cardia	c or respi	ratory arre	eat,	Approximata Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	1/1	1.4	*	<'	1					Onset and Death
	resulting in death)	a. JTY	OR AS A CONSEC	वजाय	Jyni	aname					Dane year
_		DOR TO	OH AS A CONSEC	IUENCE OI	F): /						, ,
ERTIFICATION	Sequantially list conditions,	b DUE TO	(OR AS A CONSEO	UENCE O	F):						<u> </u>
Ä	If any, leading to immediate cause. Enter UNDERLYING		•		• •						-
윤	CAUSE (Disease or Injury that initiated events	c. OUE TO	(OR AS A CONSEO	UENCE O	F):						1
E	resulting in death) LAST	d.									
ᄬ											
¥	PART II. Other significant condition	s contributing to	death but not re	auiting	In the underlying	j cause givan i	in Part I. 2	La. WAS AN PERFOR			RE AUTOPSY FINDINGS AILABLE PRIOR TO
MEDICAL							1	YES 2	NO NO		MPLETION OF CAUSE OEATH?
										1 (YES 2 NO
ä	DID TOBACCO USE CONT	RIBUTE TO CA				UNCERTA	IN 🗆				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACI	E OF DEAT	OTHER:	-					
ΥS	1 TYES 2 NO		ER/Outpatient 3		4 - Nursing Home		7				
표	27, MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, D		28b. TIM INJ	URY WOI	RK?	28d. DESCE	IIBE HOW II	NURY OCC	URED	
B	2 Accident Investigation	40- Pt 40F 6	Off the Harmy and			ES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	building,	OF INJURY — At hon atc. (Specify)	ne, tarm, s	street, tectory, office			ON (Street a Town, State)	nd Number o	or Rural Route	e Number,
	_										
- W 10	AND CERTIFIED										
MPLE			f my knowledge, dea								
COMPLE	(Check only										d manner as stated.
3E COMPLETE	(Check only					29c. LICENSE N	he time, data an		d due to the	cause(a) an	od manner as stated.
H	(Check only 1 GERTIFYING PHYSIONE) 2 MEDICAL EXAMINE 296. SIGNAPHRE AND TITLE OF CERTIFIER Mary Law	R: On the beels of a	examination and/or in	nveatigatio	n, In my opinion, de	29c. LICENSE N	he tima, data an		d due to the	cause(a) an	onth, Day, Year)
	(Check only 1 GERTIFYING PHYSI ONE) 2 MEDICAL EXAMINE 29b. SIGNAPPIRE AND TITLE OF CERTIFIED 30. NAME AND ADORESS OF PERSON WH	R: On the beels of a	SE OF OEATH (ITEM	1 27) (Type,	n, In my opinion, de	29c. LICENSE NI D17 te 306	UMBER	d placa, an	29d. DATE	SIGNED (MC	onth, Day, Year)



Marshall A.
31. DATE FILEO (Month, Day, Year)
SEP2 9 1994

Levine, M.D. 4

32. REGISTRAR'S SIGNATURE

Salva Olivelian Randall

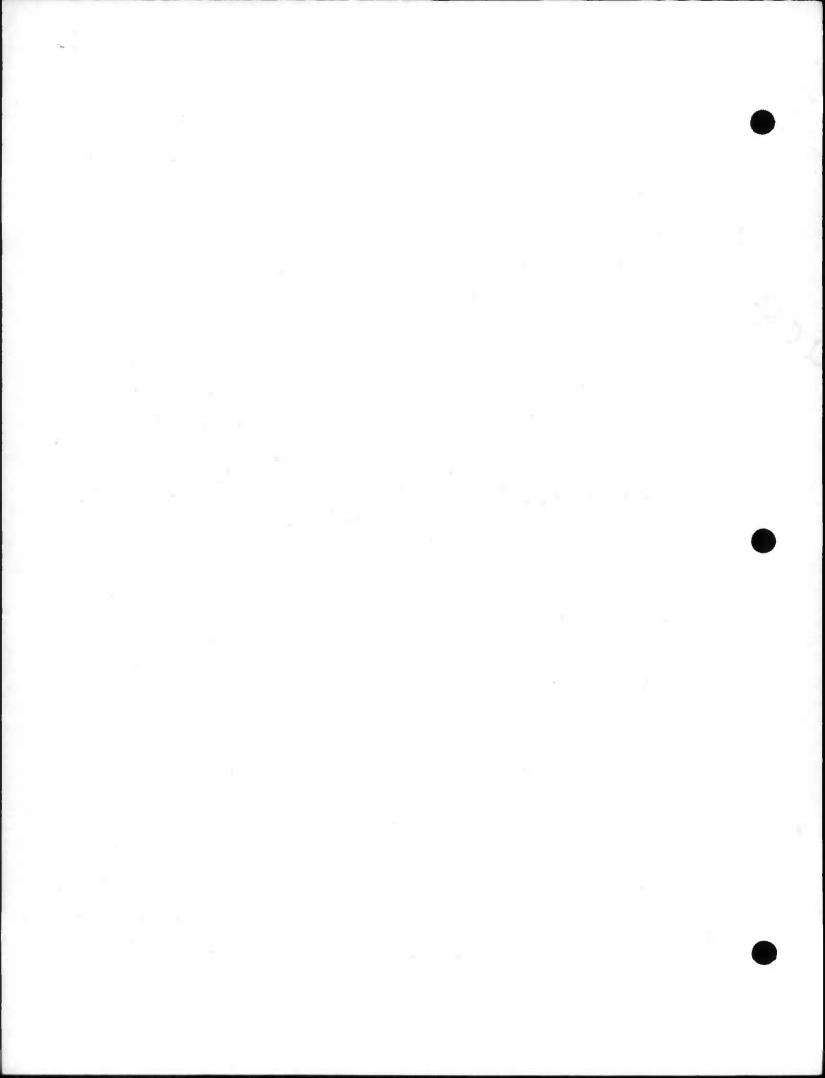
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physici
	Sours a
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	aw requires that the death certificate be executed with
DIVISION OF VITAL	, OR ATTENDING PHYSICIAN: The lan

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, chemation, or removal.

IMPORTANT: If Hem 28 is marked, or item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF H	EALTH AND I	MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3	. TIME OF DEATH
	JOAN	GREE	LEY			9-21-	9 4	YEAR	7:15A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1		ACE (State or Foreign
	303 36 9 616	1 □ M 2 □xF	64 YRS. MO	NTHS DAYS	HOURS MIN.	6-15-1	930	Ne b	raska
	9e. FACILITY NAME (If not institution, give st	reet end number)	91	CITY, TOWN C	R LOCATION OF DI	EATN	9c. COUNT	TY OF DEA	ТН
8	918 Mastline	Drive			Annap	olis	Anne	Aru	ndel Co
בו	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,	too CITY T	OWH DR LOCAT	ION				
DIRECTOR		Arundel c	200		55.6				Od. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	At under C	O Anna	apolis	. ZIP CODE		10a CITIZ		YES 2 NO
FUNERAL	918 Mastline	Drive			21401			USA	
<u>z</u>	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC		VIC ORIGIN? (Specify	Yes or No —		- American Indian,
	1 Never Married 2 Merried	FORCES? 1 YES		If yes, sp	2 ND Specif	n, Puerto Rican, etc.)	i	Black, \ Specify:	White, etc.
ē l	3 Widowed 4 Divorced								White
	15. DECEDENT'S EDUC (Specify only highest grade	Completed)	16e. DECEDENT'S USI	done during mo	N st of working	16b. KIND DF	BUSINESS/INDU	STRY	
וַב	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	HIPO.)					
COMPLET	17. FATHER'S NAME (First, Middle, Last)				40 1407147010 144				
- 1	Frank Hahle	. 20			Mine	ME (First, Middle, Maid	Willi	0 m 0	
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street #		Route Number, City or			
임	Mary Brady					Annapol			1
	20e. METNOD OF DISPOSITION	20/	PLACE AND DATE OF D		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		LOCATION — C	-	
	1 Durisi 2 Cremetion 3 Remo	oval from State cen	netery, cremetory or other	plece)					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Ronald V	Wade, Dir	22. NAME AN	ID ADDRESS OF FA	CILITY State	Anat	omy	Board
	Jammer 10	1/200 9	27.94	655W.	Baltimo	ore St, E	alto,	MD21	.201
1	23. PART I. Enter the diseases, or c			enter the mo	de of dving, euc	h ea cerdlec or re	epiratory arre	et.	Approximate
	ahock, or heart fallure. I	List only one cause on a	ech line.					2017	intarvai Between Onsat end Death
	disease or condition	HEAD A	AND NECK	C A	NCER				Citati Sid Douti
	resulting in death)	DUE TO (DR AS	A CONSEDUENCE DF):						
z	Sequentielly list conditions,	b							!
Ĕ	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (DR AS	A CONSEDUENCE OF):						
	CAUSE (Diseese or injury	DUE TO (DR AS	A CONSEDUENCE OF):						
RTIFICATION	thet initiated evente resulting in death) LAST	50E 10 (511 R5)	CONSEDUCINCE OF).						i I
		1							-
الج	PART II. Other eignificant conditions		out not resulting in t	the underlying	cause given in	Pert i, 24a. WAS	AN AUTOPSY ORMED?		VERE AUTOPSY FINDINGS
MEDIC	_SEIZURE DISO	RDER				1 YES	2 X NO		OMPLETION DF CAUSE F DEATN?
ME								1	☐ YES 2 ☐ ND
Ä	OF MAD OVOR DEFENDED TO								
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	_ 0	THER:	ACE DF DEATH (Ch				
- -	27. MANNER OF DEATN	1 Inpatient 2 ER/Out				6 Other (Specify)			
	1 Natural 5 Pending	(Month, Day, Year)	286. TIME D		RK?	200. DESCRIBE RD	W INJURY OCCU	UMED	1
	2 Accident Investigation 3 Suicide 6 Could not be	280. PLACE DF INJUR	f — At home, ferm, stree			28f, LOCATION (Stre	et and Number o	or Rural Rou	ite Number.
	4 Nomicide determined	building, stc. (Spe	cify)			City or Town, St.	269)		111/4074
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	riedge, death occurred a	t the time date	and place and due	to the councies and	nannar en etc'-	4	
Ě		R: On the besie of examination							nd manner ea stated.
	296. SIGNATURE AND TITLE OF CERTIFIER		0 100	-	29c. LICENSE NUI				fonth, Day, Year)
B	Homes 1/9.	ku 1	- m D		0358		▶ 9	1/2	I A LI
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF IS	ATH (ITEM 27) (Type, Pri	rrt)	D 27 %	-1 0	1	100	>/ 47
	DR HOWARD R	. schultz	1438	Defens	e Hgwy	,Rt450,0	Gambri	11s	MD 21054
	SEP 2 9 1994	32. REGISTRAR'S SIGN			0 7	, ,			
- 11	OEP 2 9 1994	How dientless	Restall						



	1. DECEDENT'S NAME (First, Middle, Last) JACK G	JACK GEBER	2			2. DATE MONT	OF DEATH DA	w 90	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217 - 20 - 0249	1) M 2 🗆 F	(In yrs. lest birthday) 68 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	077	of BIRTH 703/26	5	Country MD.	PLACE (State or Foreig
TOR	Baltimore Vete		tal		more Ci			9c. COUNT	Y OF DE	EATN
DIRECTOR	Maryland 10b. COUNT	Y 		ry, town or Loca Baltimo:						10d. INSIDE CITY LIMITS? 1 XYES 2 NO
VERAL	625 N. Glover	Street		10	21205			10g. CITIZE	US	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 XMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR E	2 NO	If yes, sp	CENDENT OF HISPAI Decity Cuban, Mexica 3 2 NO Specif	an, Puerto		or No-	Black	- American Indian, White, atc.
LETED	15. DECEDENT'S EDU. (Specify only highest grade Elementary/Secondary (0-12) 12th Grade	JCATION e completed) College (1-4 or 5 +)	(Give kind of life, Do NOT o		ost of working	161	b. KIND OF BUS			
E COMPL	17. FATHER'S NAME (First, Middle, Last) unavailable		<u> </u>	der/Mai	16. MOTHER'S NA Unava:				<u>e</u>	
TO B	Jean Elizabet	h Geber			end Number or Rural Ver Str					21205
	20a. METNOD OF DISPOSITION 1			of DISPOSITION (No other place)		DAT	20c. LO	cation - ci		
	21. SIGNATURE OF FUNERAL SERVICE LI						20		,	
	Dawn McDona	Mc Vonall	ol	299	ND ADDRESS OF FA Dation T Freder:	ick	Rd.	Balt		Inc. MD. 212
	Dawn McDon: 23. PART I. Enter the disease, or shock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in desth)	e. Cirri	d the death. Do each line.	not enter the mo	Freder	ick	Rd.	Balt		MD. 212 Approximate interval Bets
ERTIFICATION	shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition	e	70515	not enter the mo	Freder	ick	Rd.	Balt		MD. 212 Approximate interval Betw
AL CERTIFI	shock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition reaulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e	A CONSEQUENCE C	1 299 not enter the mo	Freder;	ick	Rd.	Balt ratory arrea AUTOPSY IMED?	nt,	MD. 212 Approximate interval Bette Onset and E WERE AUTOPSY FINE AMAILABLE PRIOR OF CAL OF DEATH?
MEDICAL CERTIFI	shock, or heer feilure. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions	e	A CONSEQUENCE C	DF): In the underlyin	Freder; ode of dying, suc	ick these care	Rd. disc or reepi 24a. WAS AN PERFOR 1 YES 2	Balt ratory arrea AUTOPSY IMED?	nt,	MD. 212 Approximate interval Betwoen and E Onset and E WERE AUTOPSY FIND AMAILABLE PRIOR OF CAL OF DEATH?
MEDICAL CERTIFI	shock, or heer feilure. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e	A CONSEQUENCE OF A CONS	DF): DF): OF): OF):	Freder;	ick these carriers	24a. WAS AN PERFOR	Balt ratory arrea AUTOPSY IMED?	nt,	MD. 212 Approximate interval Betwoen and D Onset and D WERE AUTOPSY FIND AMAILABLE PRIOR FOR COMPLETION OF CAU
PHYSICIAN: MEDICAL CERTIFI	shock, or heer fellure. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions.	e	A CONSEQUENCE C A CONSEQUENCE C A CONSEQUENCE C Dut not resulting	DF): OF): OF): OF): OF): OTHER: 4 Nursing Nor WW JURY W 1	Freder: Dode of dying, such g ceuse given in LACE OF DEATH (Ch. The 8 Residence JURY AT DRK? YES 2 NO	Part I.	24a. WAS AN PERFOR	AUTOPSY IMED?	24b.	MD. 212 Approximate interval Bette Onset and E WERE AUTOPSY FINE AMAILABLE PRIOR OF CAL OF DEATH?
ETED BY PHYSICIAN: MEDICAL CERTIFI	shock, or heer fellure. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	e	A CONSEQUENCE C A CONSEQUENCE C A CONSEQUENCE C A CONSEQUENCE C Dut not resulting Petient 3 DOA 28b. Till IN	DF): DF): DF): 26. P OTHEF: 4 Nursing Nor ME OF 28c. IN. WW 1 WHITE	Freder: ode of dying, suc g ceuse given in LACE OF DEATH (Ch ne 8 Residence JURY AT ORK? YES 2 NO	Part I. Peck only or \$ \(\text{Other} \) 28d. DE:	24a. WAS AN PERFOR 1 YES 2 CATION (Street a or Yown, State)	AUTOPSY IMED? NO NJURY OCCU	24b.	MD. 212 Approximate interval Betwoen and E Onset and E WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CALL OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CERTIFI	shock, or heer fellure. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation Pending Investigation	e	A CONSEQUENCE C A CONSEQUENCE C A CONSEQUENCE C A CONSEQUENCE C Dut not resulting Petient 3 DOA 28b. Till IN Y — At home, farm, wiedge, death occur	DF): DF): DF): 26. P OTHEF: 4 Nursing Nor ME OF 28c. IN. WW 1 W	Freder: ode of dying, suc g ceuse given in LACE OF DEATH (Ch ne 8 Residence JURY AT ORK? YES 2 NO sa and place, and due	Part I. Peck only or \$ \(\text{Other} \) 28d. DE: 28f. LOC City to the car	24a. WAS AN PERFOR 1 YES 2 ATION (Street a or Yown, State)	AUTOPSY IMED? NO NJURY OCCU	24b.	MD . 212 Approximate interval Betwoen and D WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO



2565 8 1884 Apr. materials

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE FUNERAL DI be filed within 72 ho IMPORTANT: If Ite

BE

2

29b. SIGNATURE AND TITLE OF CERTIFIER

SEP2 9 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

HOSPITAL

. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within whours after death. Page 6 may be retained by the hospital or attending physician.	
DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1994 WILLIAM ALBERT HUEGELMEYER September 2:25 P. М 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign 1 X M 2 - F YRS 213-03-3745 May 11. Maryland 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH BC. COUNTY OF DEATH FUNERAL DIRECTOR Stella Maris Hospice Towson **Baltimore** RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 YES 2 NO Towson 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2300 Dulaney Valley Road 21204 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Ricen, atc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES A 14. RACE — American Indian, Black, White, etc. Never Merried 2 Merried 1 Never Merried 2 merr
3. Widowed 4 Divorced BY Specify: white COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hi Elementary/Secondary (0-12) College (1-4 or 5+) 10 years Insurance Underwriter Life Insurance 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph Huegelmever Bertha Brauer BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 John Huegelmeyer 1606 Colonial Way Frederick, Maryland 20s. METHOD OF DISPOSITION
1 Danetice 5 Office 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Druid Ridge Cemetery 9-30 Donation 5 - Other (Specify) __ Pikesville, Maryland 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE 22. NAME AND ADDRESS OF FACILITY
Mitchell-Wiedefeld Home . Verrar George J! Ferrarse 6500 York Road Baltimore, Maryland 21212 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate ahock, or heart feliure. List only one ceuse on each line. intervei Between IMMEDIATE CAUSE (Fine) Onset end Death disease or condition resulting in death) CERTIFICATION Sequentielly list conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? Carbovarial Discue 1 - YES 2 NO wellat Se R Dementes 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO 4 Drsing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide determined 29e. CERTIFIER

There and 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner se stated. (Check only one)

2 MEDICAL EXAMINER: On the beats of examination end/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(a) and menner ee stated.

29c. LICENSE NUMBER

D12039

29d. DATE SIGNED (Month, Day, Year)

and an end of the state of

permit. Pages 1, 2, 3 should

DIRECTOR

FUNERAL

В

ETED.

COMPL

BE

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DIVISION OF

funeral director, page 5 should be detached for use as the burial-transit the hospital or attending physician. ¥ 3 retained notified ours after death. Page 6 may be pe must examiner filled in by the fi medical the n and completely fille to burial, cremation, event, death certificate be executed with traumatic ung physician and Hygiene physician other attending 10 d by the atter Injury, that the any ped th HOSPITAL OR ATTENDING PHYSICIA the 10 marked, this with After 1 death TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deat IMPORTANT: If Item 28 Is m

CERTIFICATION

PHYSICIAN: MEDICAL

ВУ

ETED.

COMPLI

2

David

SEP2 9 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Fowler

32 REGISTRAR'S SONATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH KIRBY HARRIS SEPT 9:18 94 P.M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH MONTHS DAYS HOURS MIN. 1 [X M 2 □ F 2.4 212-08-5151 VDC 09 03 Maryland 9a. FACILITY NAME (If not institution, give street and number) 96, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 5101 CONANT WAY BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Marvland Baltimore City tXXYES 2 □ NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5704 Eastbury Avenue 21206 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 X Never Married 2 Married 3 Widowed 4 Divorced Black 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Cook Pizza Hut 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Eddie Harris Carol Young 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2541 W. Lafayette Balto., MD 21216 Eddie Harris 20s. METHOD OF DISPOSITION
1 Neurol 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State cometery, cremetory or other place!
King Memorial Park Cem. 9/29/94 Balto. Co., MD IL SUMATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Unity Funeral Home sseph . 108 W. North Avenue Balto, MD 21201 23. FART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory arrest, shock, or heart feliure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Fine) Onset and Deeth a. Shotgun Woulds of chest and right lower DUE TO (OR AS A CONSCOUENCE OF): disease or condition recuiting in death) Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuee given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🔀 UNCERTAIN 🗆 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: XYES 2 □ NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home KResidence 6 Other (Specify) 28a. OATE OF INJURY (Month, Day, Year) 9-23-94 27. MANNER OF GEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2103 M 5 Pending 1 YES 2 NO Subject Shot 2 Acctdent 28e. PLACE OF INJURY — At he heliding, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 8 Could not be determined 4 Homicide Residence 5101 Conant Was 29a. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and piece, and due to the cause(e) and manner as stated. 2 😾 MEDICAL EXAMINER: On the beels at examination and/or investigation, in my opinion, death occured at the lime, data and place, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) ▶SEPT 24,1994 O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201

and the second second • • •

3. TIME OF DEATH

9:10

10d. INSIDE CITY

1 X YES 2 NO

White

Intarvai Between

Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

t YES 2 W NO

29d. OATE SIGNED (Month, Day, Year)

Baltimore, MD 21227

09/27/94

COMPLETION OF CAUSE

13

8. BIRTHPLACE (State or Foreign

Connecticut

USA

14. RACE — American Indian, Black, White, etc.

2. DATE OF DEATH

29c. LICENSE NUMBER

D 35626

1 -

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

290. SHINATURE AND LITLE OF CERTIFIER

Regina A.

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COM

Healy

Veronica Keefe Hadlock Sept. 2 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER t YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. DAYS HOURS MIN. 1 M 2 X F 041-09-4727 12/23/12 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Pages 1, 2, 3 DIRECTOR St. Elizabeth Home for Nursing Care Baltimore City RESIDENCE OF DECEDENT 18c, CITY, TOWN OR LOCATION Maryland Baltimore permit. FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 3320 Benson Avenue 21227 ours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ▼NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married It yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced ED 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only high 딥 ō Elementary/Secondary (0-12) COMPL signed by the attending physician and completely filled in by the funeral director, page 5 should be detached Health and Mental Hygiene prior to burial, cremation, or removal. Secretary Education 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 듉 Michael Keefe Marguerite Kenney notifled 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 William E. Hadlock 3454 Arcadia Dr. Ellicott City, MD 21042 9 20a. METHOD OF DISPOSITION
t □ Burial 2 X Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must Metro Crematory, Inc. 9/28 Baltimore, MD 4 Donation 5 Other (Specify) 21. SIGNATURE DE TIMERAL SERVICE LICENSEE examiner 22 NAME AND ADDRESS OF FACILITY Cremation Society of Md., George E. MacNabb 299 Frederick Rd. Balto., MD 21228 medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not anter the mode of dying, such as cardiec or respiretory erreat, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition_ reaulting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentieily list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initieted evente resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY апу Jarviorten 1 YES 2 NO (402) this certificate has been with the State Dept. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO PHYSICIAN: UNCERTAIN Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 M Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 NO t | Inpetient 2 | ER/Outpetient 3 | DOA 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending t 🗌 YES 2 🗌 NO ВҮ DIRECTOR: After the hours after death was Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 |s ETED 3 Suicide 4 Homicide datarmined TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT be filed within 72 hours at IMPORTANT: If Item 2 COMPL t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3320 Benson Avenue

M.D.

32. REGISTRAR'S SIG

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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DHMH-16 Rev 1/89

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P.O. BOX 68/60	
S, P.O. BOX 68/60	
JS, P.O. BOX 68/60	
IDS, P.O. BOX 68/60	
JRDS, P.O. BOX 68760	

DIVISION OF VITAL RECO

		1 - STATE OF MARYLAND A	DEPARTMENT O		MENTAL HYGIEN REG. NO.	E			
		1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DA	Y YEA	3. TIME OF DEATH		
		Lois Madeline 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In	Hynson st birthday) IF UNDER t YI		Sept. 28	, 1994	12:30 P M		
모		218-28-9288 ¹□м² X F 62		AR IF UNDER 24 HRS. YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07/18/3	Co	ATTHPLACE (State or Foreign Suntry) Iaryland		
3 should	œ	9a. FACILITY NAME (If not institution, give street and number)		WN OR LOCATION OF DE		9c. COUNTY C	DE DEATH		
2	RECTO	415 Montemar Avenue	C;	atonsvill	<u>e</u>	Ba1	timore		
Pages	DIRE	Maryland Baltimore	10c. CITY, TOWN OR L				10d. INSIDE CITY LIMITS?		
permit. Pages 1,		Maryland Baltimore 100. STREET AND NUMBER		101. ZIP CODE	nsville	10g. CITIZEN (1 TYES 2 NO		
120	FUNERA	415 Montemar Avenue		21	228	τ	ISA		
UUZU ng physician. ne burial-transit		11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO If yo	DECENDENT OF HISPAN a, specify Cuban, Mexican	, Puarto Rican, atc.)	0.6	IACE — American Indian, llack, White, etc.		
nding as the	D BY	3 Widowed 4 Divorced		YES 2 NO Specify		s	White		
al or atte	COMPLETED	(Specify only highest grade completed)	ECEDENT'S USUAL OCCU Bive kind of work done during DO NOT use retired.)	PATION g most of working	16b. KIND OF BUS	SINESS/INDUSTR	Υ		
the hospital detached to	MPL	10	Homemake	er		Home			
by the hose be detach		17. FATHER'S NAME (First, Middle, Last)	/2-23-29/as	18. MOTHER'S NAM	ME (First, Middle, Maiden				
retained by 5 should by notified a		Raymond Smith 19a. INFORMANT'S NAME (Type/Print) 19	b. MAILING ADDRESS (St			tzpatr			
							MD 21228		
Pa ag		201, METHOO OF DISPOSITION 20b, PLACE	and date of disposition of their place) On Park C	N (Name of	DATE 20c. LO	CATION — City o	r Town, State		
		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNDAL SERVICE LICENSEE	22. NAN	E AND ADDRESS OF FAC	HITY		ore, MD		
		George E. MacNabb	Mac	Nabb Fune	eral Home	P.A	, MD 21228		
nours after of in by the or removal.		23. PART I. Enter the disasses, or complications that ceused the deahook, or haart failurs. List only one ceuse on each line	eath. Do not enter the	moda of dying, such	es cerdiec or respi	ratory errest,	Approximate		
Do i po		iMMEDIATE CAUSE (Final disease or condition					intarval Batween Onset and Death		
rited with: completely fille fal, cremation,		resulting in death) a. DUE TO (OR AS A CONSE	Myelo) OUENCE OF	na			2240		
B 5 5 6	z	Sequentially list conditions,	1						
te be executivisical and control for the burish the burish traumatic	RTIFICATION	if any, leading to immediate ceuse. Entar UNDERLYING	OUENCE OF):						
ficat phy ne p	IFIC	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSE	OUENCE OF):						
the the	115	resulting in death) LAST							
the day the da	AL C	PART ii. Other algnificent conditions contributing to deeth but not	resulting in the under	lying causa givan in I	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS		
requires that een signed by of Health an shows any	EDIC				1 YES 2		COMPLETION OF CAUSE OF DEATH?		
w requires that sheen signed I pt. of Health a 3 shows any	. ME	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEA	TU VEC II NO	122 LINICEDTAIN		i	1 YES 2 NO		
The law e has be te Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE	CE OF DEATH (Check only						
SICIAN: The certificate he the State	HYSIC	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3		Home 5 Reeldanca	B C Other (Specify)				
NG PHYSI fler this co eath with I		27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY	WORK?	28d. DEŞCRIBE HOW IN	URY OCCURED			
OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has be nours after death with the State Dept. Item 28 is marked, or Item 23	ED BY	2 Accident investigation 3 Suicide s Could not be 4 Homicide detarmined detarmined	oma, ferm, street, factory,	office	281. LOCATION (Street a City or Town, State)	nd Number or Ru	ral Route Number,		
OR AT DIRECT hours a	L	29a. CERTIFIER							
対 単な =	COMPL	(Check only one) 2 MEDICAL EXAMINER: On the beels of examination and/or					se(a) and manner as stated.		
TO THE HOSPI TO THE FUNER Be filed within	BE 0	296. SIGNATURE AND TITLE OF CENTIFIER		29c. LICENSE NUM	BER		NED (Month, Day, Year)		
2 2 3 2	6	30. NAME AND ADDRESS OF PERSON WHO CONFLETED CAUSE OF DEATH (ITE	M 27) (Type Print)	10/8	207	09/	29/94		
			S. Caton	Avenue 1	Baltimore	e. MD	21229		
		31. DATE FILED (Month, Day, Mar) SEP 2 9 1994 July 32 REGISTRAN'S GRATURE				,			
		THE WILLIAM OF THE PARTY OF THE					DHMH-16 Rev 1/89		

TO THE MOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.													
	1. DECEDENT'S NAME (First, Middle, Last FREDERICK	WILLIAM		eckner	Sept. 2	7 1992	3. TIME OF DEATH 1:30 a M							
	4. SOCIAL SECURITY NUMBER 219-01-7169	5. SEX 1 X M 2 F 8. AGE (In		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day Year) 05-18-19	14 M	ARYLAND							
Œ	9e. FACILITY NAME (If not institution, give			b. CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY O								
DIRECTOR	Memorial Hos RESIDENCE OF DECEDENT 100. STATE 100. COUN			Easton Town on Location		Talb								
		ANNE ARUNDE		GLEN BURNIE			10d. INSIDE CITY LIMITS? 1 YES 2 NO							
FUNERAL	100. STREET AND NUMBER 1010 STEWART	O STEWART AVENUE U.S.A.												
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	B	ACE — American Indian, Black, White, atc.											
E	15. DECEDENT'S ED (Specify only highest grad	de completed)	(Give kind of wor life. Do NOT use i	k done during most of working	16b. KIND OF BUS	INESS/INDUSTR	W .							
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5 +) N/A	MECHAN	12/11	CON	STRUCT	PION							
BE CON	17. FATHER'S NAME (First, Middle, Last) FRED HECKNER BUSSEY BUSSEY													
5	199. INFORMANT'S NAME (Type/Print) WILLIAM FREDE	RICK HECKNE	19b. MAILING AI 8029	DDRESS (Street and Number or Rural RIDER AVENU	Route Number, City or Town E, TOWSON	N, State, Zip Code	21204-1940							
	20a METHOD OF DISPOSITION 1 Departed 2 Cremation 3 Res	moval from State cemet	ery, crematory or othe	DISPOSITION (Name of r plece)	(CATION — City o								
	4 Donation 5 Other (Specify)	JCENSUE JLO	UDON PA	RK CEMETERY 22. NAME AND ADDRESS OF FA	9/29/ BA	TON F	RE, MD. UNERAL HOME							
	1	Tell-		GLEN BURNIE	E WERY SAW	ND 2106	a.							
	23. PART i. Enter the diseases or shock, or heart fellure iMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. Dehydraf	1 M	enter the mode of dying, suc	th es cerdiac or reepir	atory arrest,	Approximate intervel Between Onset and Death							
CATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): 14 days. DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	CAUSE (Diseese or injury that initiated evente reculting in death) LAST	DUE TO (DR AS A C	ONSEQUENCE OF):											
	PART II. Other eignificent condition	ons contributing to death but	not resulting in	the underlying ceuse given in	Part I. 24a. WAS AN A PERFORI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO							
MEDICAL	Maloutoton				1 🗆 YES 2	NO NO	COMPLETION OF CAUSE OF DEATH?							
AN:	DID TOBACCO USE CON' 25. WAS CASE REFERRED TO MEDICAL	TRIBUTE TO CAUSE OF	_		N X									
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	6 Other (Specify)									
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJURY AT	28d. DESCRIBE HOW IN	JURY OCCURED								
9	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a DI ACE OF IN HIDY	- At home, farm, stre	et, factory, office	28t. LOCATION (Street or City or Town, State)	nd Number or Ru	ral Route Number,							
COMPLET				at the time, data end place, end due in my opinion, death occured at the			se(a) and manner as stated.							
띪	29b. SIGNATURE AND TITLE OF CERTIFIE	Select		29c. LICENSE NU	MBER	29d. DATE SIGN	NED (Month, Day, Yeer)							
٤	30. NAME AND ADDRESS OF PERSON W				100	01601	×/ 17							
	Ann Webb MD. 31. DATE FILED (Month, Day, Year)	607 Dutch		ane Eastor	n Md.	21601								
	SEP2 9 1994 Jul	his Studen Rawlall				_								



which are the first

TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within—Thours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use, as the hurial-transit mermit. Pages 1, 2, 3 should	the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. or the 23 shows any Injury, or other traumatic event, the medical examiner must be no
Hospital dr Attending Physicial Funeral director: After this certif	within 72 hours after death with the TANT: If Item 28 is marked, or

31. DATE FILED (Mogth, Day, Year) SEP 29 1904

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Jal. REGISTRARIS SIGNAURE LA

	Item1 9-29-94 FilmG71	5 W.H.Per F	/H						94	28	510	
	FOR 1 - STATE REGISTRAR	STATE OF MA					EALTH AND I DEATH	MENTAL HYGIEN				
	t. DECEDENT'S NAME (First, Middle, Last) Helen Hess	el Helen Hes	SS					2. DATE OF DEATH MONTH 9-24-94	DAY	YEAR	7:15 p m	
	4. SOCIAL SECURITY NUMBER 21 9 ~ 74 ~ 5786 90. FACILITY NAME (If not institution, give str	100	Country)								<i>isylvania</i>	
TOR	Johns Hopkins Bayview Medical Ctr. Baltimore City											
FUNERAL DIRECTOR	100. STATE 106. COUNTY 10C. CITY, TOWN OR LOCATION 10d. Maryland Baltimore Dundalk 1											
VERAL	100. STREET AND NUMBER 6 Beach Drive				_	101	ZIP CODE	21222			States	
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI	YES 2 5	ARMED	13.	If yes, spe		IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	e or No—	14. RACE - Black, Specify:	- American Indian, white, atc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) Coflege (1-4 or 5 +)	10000	DECEDENT'S (Give kind of ville. Do NOT us	work done se retired.)	during mo		16b. KIND OF BU				
	11th Grade 17. FATHER'S NAME (First, Middle, Last) Clark K. Ridenou	tı		Home	mare	27.		ME (First, Middle, Maider	,	2		
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									20		
7	Pearl L. Hess 6 Beach Drive Dundalk, Maryland 21222 20a. METHOD OF DISPOSITION 1X Burial 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) Meadowridge Mem. Pk. 9/27/194 Donsey, Mary											
	21. SIGNATURE OF FUNERAL BERVICE LICE	EMSEE		1 22	uda-	Ruck Fu	uneral Hom	e 06	Dunda	lk, Inc.		
	7922 Wise Ave. Dundalk: Maruland 23 CART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, alock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Massive intracerebral hemorrhage											
NO	DUE TO (OR AS A CONSEQUENCE OF):											
RTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants		OR AS A CONS									
S	PART II. Other significant conditions	s contributing to d	leath but no	t rasulting	In the u	ınderlyin	cause given in			24b. V	VERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL								PERFO	RMED?	0	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
CIAN:	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		TO CAL	JSE OF		2a, PL	ES NO					
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF building, et	INJURY — At tc. (Specify)	home, lerm,	street, le		ES 2 NO	281. LOCATION (Street City or Town, State		er or Rural Ro	ute Number,	
COMPLET	29e. CERTIFIER (Check only one) t X CERTIFYING PHYSIC 2 MEDICAL EXAMINER										end menner ee stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER OUT OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	Kawas	M) ·		29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 9 2 (6 9 4						

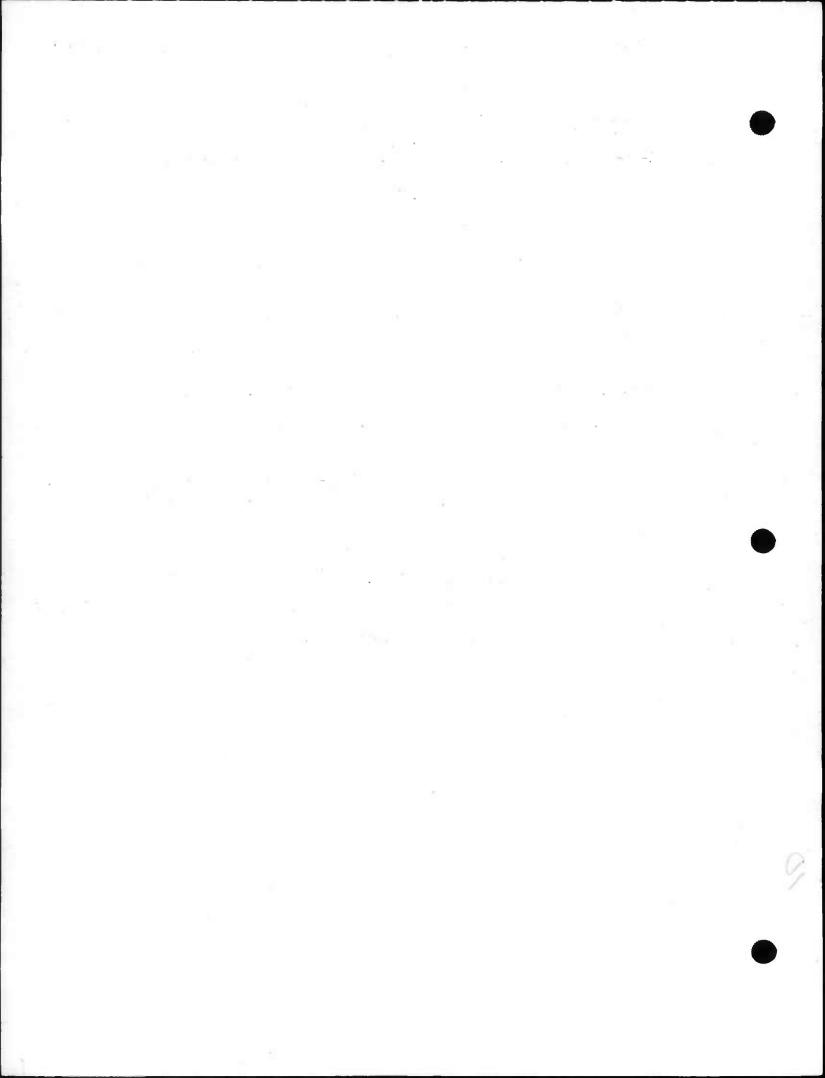
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		ENTIFIC	AIEU	F DEAL	П	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last) Bery Houser	Betty Virg	inia Ho	user		2.	DATE OF DEATH MONTH D	AY C	YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. les	st birthday) II	F UNDER 1 YEAR	IF UNDER 24	HRS. 7.	DATE OF BIRTH	LACE (State or Foreign					
	195 ≈ 22 = 3871 1 □ M 2 💢		.,	ONTHS DAY		MIN.	(Month, Day, Year)		Country)				
		10					08/22/19			nsylvania			
	9e. FACILITY NAME (If not institution, give street and number)		9	b. CITY, TOW	N OR LOCATION	OF OEATH	1	9c. COUN	ITY OF DE	ATH			
6	John Hopkins Bauview Me	dical Ctr	L.	Balts	more C	itu							
DIRECTOR	RESIDENCE OF DECEDENT												
2	Maryland Bal	+ imaka	10c. CITY, 1	TOWN OR LO	CATION		01-			10d. INSIDE CITY LIMITS?			
⊼													
7	10e. STREET AND NUMBER				10f. ZIP COOE			10g. CITI	ZEN OF WI	IAT COUNTRY?			
FUNERAL	7812 North Battle Grov	Pond				212	22	11	wito	d States			
ž				1									
3		DENT EVER IN U.S. AR	Specify Cubsn,	Mexicen, P	ORIGIN? (Specify Ye	s or No—	14. RACE Bleck,	American Indian, White, etc.					
BY													
				1						White			
逆	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DE	CEDENT'S US	NAL OCCUPA	TION most of working		16b. KIND OF BU	SINESS/IND	USTRY				
Щ	Elementary/Secondary (0-12) College (1-4 o		. Do NOT use n	retired.)						1			
AP	8th Grade		Home	maker			Ow	n Hom	0				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHE	R'S NAME	(First, Middle, Maiden						
S 1	Murray J. Colledge				Max	HII M	Burkett						
BE	19a, INFORMANT'S NAME (Type/Print)	19	b. MAILING AC	OORESS (Street			e Number, City or Tox		Codel				
2	Jacalyn D. Houser	"					Dundalk.		,	01000			
						ouu	-						
	20e. METHOD OF DISPOSITION 1 12 Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)												
- 4	1												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME	AND ADDRESS	OF FACILI	TY Land	-11)	06 7			
	1 THE			Dua	a-kuck	rune	ral Home	.000	unaa	er, inc.			
	23. PART I. Enter the diseases, or complications	that saves dither de	oth Donor	1 /92	z wise	Ave.	Dundal	k. Ma	ryla				
	shock, or haart fallure. List only ona	cause on each line	14(1). DO 110(1.	entar tha i	noda or dying	g, such a	a cardiac or reap	eretory arr	est,	Approximata Interval Batween			
	IMMEDIATE CAUSE (Final disease or condition												
	disease or condition resulting in death) 2-3 in												
	DUE TO (OR AS A CONSEQUENCE OF):												
z	L. L	Chemic	low	rel						2-3 Wrs.			
CERTIFICATION	Sequantially list conditions, If any, leading to immediate	TO (OR AS A CONSE	OUENCE OF):										
8	cause. Enter UNDERLYING	essis								24-30 hrs			
Ē	CAUSE (Disease or Injury that initiated avents	TO OR AS A CONSE	OUENCE OF):		-								
듄	resulting in death) LAST	resumed	no	earn	onla					48-72 hrs.			
뜅													
A	PART II. Other significant conditions contributing	to daeth but not i	rasulting in	the underly	ing cause giv	ven In Par	t i. 24a. WAS AN			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
EDICAL							1 TYES			COMPLETION DF CAUSE			
										DF DEATH?			
Σ	- 6.						-			TES 2 NO			
A	25. WAS CASE REFERRED TO MEDICAL												
PHYSICIAN:	EXAMINER? HOSPITAL		10	THER:	PLACE OF OEA	ATH (Check	only one)						
ΥS		2 ER/Outpatient 3			ome 5 🗆 Resi	dence 8	Other (Specify)						
표	- 4 (Mont	OF INJURY h. Day, Year)	28b. TIME C		NJURY AT WORK?	28	d. DESCRIBE HOW	INJURY OCC	URED				
B⊀	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2	NO							
	3 Suicide a Could and 28e. PLAC	E OF INJURY — At he ng, etc. (Specify)	me, ferm, stre	et, fectory, o	fice	28	1. LOCATION (Street	and Number	or Rural Ro	ute Number,			
TED	4 Homicide determined	ing, etc. (opeony)					City or Town, State,	,		l l			
COMPLET	290. CERTIFIER 1 VI CERTIFYING PHYSICIAN: To the had	ed ou beautains de											
₹ I	(Check only one) 29 MEDICAL EXAMINED: On the beat												
8	2 MEDICAL EXAMINER: On the beele	or examination englor	investigation,	in my opinion	, destin occured	st the time	e, date end place, er	nd due to the	e ceuse(s)	end manner es stated.			
ш	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICEN	SE NUMBEI	R	29d. DATE	SIGNEO (Month, Day, Year)			
6	Jeffy derden				9	500	+		7/26/	144			
F	30. HAME AND ADORESS OF PERSON WHO COMPLETED	AUSE OF DEATH (ITE	M 27) (Type, Pr	int)	ut.	# 7	l Centr		~ 1				
	Jeffrey D. Henders	M MD	B	ay VIE	w Me	elica	I Centr	V	Ball	5 MO.			
	31. DATE FILED (Month, Day, Year) 22 SEQS	TRAR'S SIGNATURE	1.0	1									
	SEP291994 July	attender 1	ardall							}			
	77. 77 (7/4)												



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

	1 - STATE REGISTRAR		ICATE OF DEATH	REG. NO.	•								
	1. DECEDENT'S NAME (First, Middle, Last)	3		2. DATE OF DEATH		3. TIME OF DEATH							
	Caral A. Harig			MONTH DAY	- 4	245 AAA							
	The state of the s	(In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	a. BIRTH	IPLACE (State or Foreign							
	213-06-8759 T - M 2 X F	26 YRS.	MONTHS DAYS HOURS MIN.	08 27 60	8	MARYLAND							
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY OF D								
OR	University of Maryland Career Center Bultimore MD												
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	100 017	Y, TOWN OR LOCATION										
DIRECTOR	MARYLAND HOWARD		ELLICOTT CITY			10d. INSIDE CITY LIMITS?							
	100. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN OF V	1 YES 2 NO							
FUNERAL	8511 "K" FALLS RUN ROAD		21043			S.A.							
5	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER FORCES? 1 1 2 FORCES?	IN U.S. ARMED	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxico		or No — 14. RACI	E — American Indian, k, White, atc.							
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR D	DATES	1 YES 21 NO Specif		Spec	ffy:							
	15. DECEDENT'S EDUCATION	18a, DECEDENT'S	USUAL OCCUPATION	16b. KIND OF BUSII	MESS/INDUSTRY	WHITE							
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)		work done during most of working	lob. Kind of Bosii	NEGONNOGINI								
7	12	ACCOUNT:	ING MANAGER	ELECTRIC	AL CONTI	RACTOR							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Maiden Se	urname)								
ш	CHARLES C. MORSBERGER SR.		LUCILLE	PORTER									
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Number or Rural	Route Number, City or Town,	State, Zip Code)	21042							
F	RICHARD HARIG (HUSBAND)	8511"1	K ^{ti} FALLS RUN ROA	D ELLICOTT	CITY MAI	RYLÁND ⁴³							
	20e. METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Ramoval from State	b. PLACE AND DATE	OF DISPOSITION (Name of	DATE 20c, LOCA	ATION — City or To								
	4 Donation 5 Other (Specify)	RESTLAWN	CEMETERY 09-30-	94 MARR	RIOTTSVI	LLE MARYLAND							
	21. SIGNATURE OF FUNERAL STRUCE LICENSES	7	22. NAME AND ADDRESS OF FA			DAT HOMBC							
	Jussecon iste		LEROY M & RUS			Andrew Laboratory and Advantage of the Control of t							
	23. PART I. Enter the diseases, or complications that ceues	d the deeth. Do r	not enter the mode of dying, auc	h as cardlec or respira	itory arrest,	Approximate							
	anock, or heart fellure. List only one ceuae on eech line.												
	disease or condition resulting in death) s. Hodg tins Disease												
		A CONSEQUENCE OF				Syears							
Z	Segmentially that appetitions D.												
Ĕ	if any, leeding to immediate	A CONSEQUENCE OF	F):										
2	cause. Enter UNDERLYING CAUSE (Disease or injury												
	that initiated events resulting in death) LAST	A CDNSEOUENCE OF	F):										
CERTIFICATION	d												
	PART II. Other significent conditions contributing to deeth b	but not reaulting	in the underlying cause given in			WERE AUTOPSY FINDINGS							
DICAL	Hyponatremia			PERFORM 1 YES 2	8	AVAILABLE PRIOR TO COMPLETION OF CAUSE							
ME	Staphalococcal Baiteremia				70	OF DEATH?							
ž	DID TOBACCO USE CONTRIBUTE TO CAUSE C		S D NO W UNCERTAI	N D									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEAT											
Sign	1 YES 2 NO HOSPITAL:	petient 3 DOA	OTHER: 4 Nursing Home 5 Realdence	8 Other (Specify)									
E	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year)	28b. TIM	E OF 28c. INJURY AT WORK?	28d. DEŞCRIBE HOW INJ	JURY OCCURED								
BY													
	4 Homicide determined												
3	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my know	vledge, death occurre	ed at the time, data and place, and due	to the ceuse(s) and manne	er as ataled.								
COMPLETED	one) 2 MEDICAL EXAMINER: On the besis of exemination	on and/or investigation	n, in my opinion, death occured at the	time, data and place, and	due to the cause(a) and manner as stated.							
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI	MBER :	29d. DATE SIGNED	(Month, Day, Year)							
) BE	- Prashant R. Shubla M.		m0673		109/2	7/94							
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE												
			rimore MD 21201										
	31. DATE FILES MOST DOS OF THE STATE SIGN	APPRE		-									

		FOR 1 . STATE	ARI 1,	STATE OF I		ND / DEPAI	RTMEN	r OF H	IEALTH		MENTA	L HYGIEI	NE .	B-400 N	
_		REGISTRAR 1. DECEDENT'S NAME (First,	Middle Leet			CERTIF	ICATI	E OF	DEA	TH		REG. NO	D		Story - Sec
	15	TIMOTHY	MIOGIE, LEST)	עבו	RMIT			JONES SEPTEME					DAY	YEAR	TIME OF DEATH
		4. SOCIAL SECURITY NUMB	ER	5. SEX		yrs. last birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH			11:20 A M ACE (State or Foreign
9	2	181-38-44	101	1 X M 2 - F	46	6 YRS.	MONTHS	DAYS	HOURS	MIN.	ന്ദ	5/12/	48	PA'	
3 should	~	9a. FACILITY NAME (If not in		,			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH		9c. COU	ITY OF DEA	тн
1, 2, 3	101	INDUSTRIAL	LOT	1104 W	[LSO	DRIVE	E	ALT	IMO	RE					
permit. Pages	DIRECTOR	Maryland	10b. COUNT		_		ting				390	191			Dd. INSIDE CITY LIMITS? YES 2 \(\square\) NO
sit permi	ERAL	100. STREET AND NUMBER	ningt	on Ave.				101. ZIP CODE 109 21223							AT COUNTRY?
020 physician. burial-transit	FUNE	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U	I.S. ARMED	13.	WAS DEC			IC ORIGI	N? (Specify Ye		14. RACE -	- American Indian,
DO2(BY F	1 Never Married 2 3 Widowed 4 Divo		FORCES? 1	YES WAR OR DATE	2 NO ES		If yes, sp	ecify Cubi		n, Puarto	Rican, etc.)		Black, \ Specify:	Vhite, alc.
215-0020 attending physician use as the burial-tra	ED B			Viet			- 1								WIIICC
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The hospital or detached for u	APL	12th grad		College (1-4 or 5	*)	Truc	k Di	cive	er			Tru	cking	g	
# 2 2 Z	E COMPL	17. FATHER'S NAME (First, M. Furman Ty	iddle, Last)	Jones					18. MOT Ph	y11	ME (First,	Middle, Malde	ones		
	TO B	19a. INFORMANT'S NAME (7) Phyllis F	Rae Ra	athbun		19b. MAILING 432	Fere	S (Street a	Ave	or Rural R	OW.	ley, T	wn, State, Zip	6036	
ALTIMORE, leath. Page 6 may be tuneral director, page xaminer must be 1		20a. METHOD OF DISPOSITION General of Specify Commission Commissi													
BALTIMO after death. Page 6 by the funeral directo moval. cal examiner mu		21. SIGNATURE DE FUNERAL			nald	,	Ĉ	NAME AF	ND ADDRE	ss of each	OC1	ety o	f Md	. , Iı	nc.
2 2 2 2		Dawn N	1cDbn	ата								Rd. B		-	21228
y filled in the strong or real		23. PART I. Enter the di ahock, or he iMMEDIATE CAUSE (Fin disease or condition reaulting in death)	aart failure. Jai	a. NARCOTIO	INTOX	ication		tha mo	de of dy	ing, such	as car	diac or rasp	piratory arr	est,	Approximata interval Between Onset and Death
OX 68760. e be executed within sician and complete prior to burial, crems traumatic event,	ERTIFICATION	Sequentially list conditi if any, leading to immed cause. Enter UNDERLY	diate	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
certificat ding phy dygiene p	RTIFIC	CAUSE (Disease or inju that initiated events reaulting in death) LAS		DUE TO	(OR AS A CO	ONSEQUENCE O	F):								
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HECORDS, P requires that the death seen signed by the attent of Health and Mental H shows any injury, or	MEDICAL				contributing to death but not resulting in the					givati ili i	-	I. 248. WAS AN AUTOPSY PERFORMED?		Al Ci	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
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TAL The law ate has thate ate Dept em 23	PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	26.	PLACE OF DEA	_								
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OR ATTENDING PHYSICIAN: OR ATTENDING PHYSICIAN: OIRECTOR: After this certifica ours after death with the St tem 28 is marked, or it			Pending	26a. DATE OF (Month, D	lay, Year)		JURY		URY AT PRK? YES 2	CIXMO		SCRIBE HOW	INJURY OCC	URED	
After death	ВУ	2 Calebra	nveatigation Could not be	FOUND 9	F INJURY -	Al home, farm,					28f. LOC	ATION (Street	and Number	or Rural Rou	e Number.
OR ATTEN OR ATTEN DIRECTOR: hours after tem 28 i	TED		detarmined	building,	etc. (Specify)	IN TRUC				- 1	City	or Town, State	1104 W	ILSO D	₹.
4 4 2 1	COMPLET			CIAN: To the best of R: On the basis of a											nd manner as stated.
IE HOS	ш	295 SIGNATURE AND TITLE			c.A	A				ENSE NUM					onth, Day, Year)
TO THE HOSPITA TO THE FUNERA DE FIED WITHIN T	TO B	30 NAME AND ADDRESS OF	PERSON WI	COMPLETED CAL	OF DEATH	(ITEM 27) (Type	O.C.M.E. SEPTEMBER 28					28			
		J. DATE FILED (Mogth, Day,) lo	KE M	1			tre	et,	Bal	tim	ore,	Mary	land	21201
		SEP2 9	1994	THE SURE	SEC ACT	98-4									

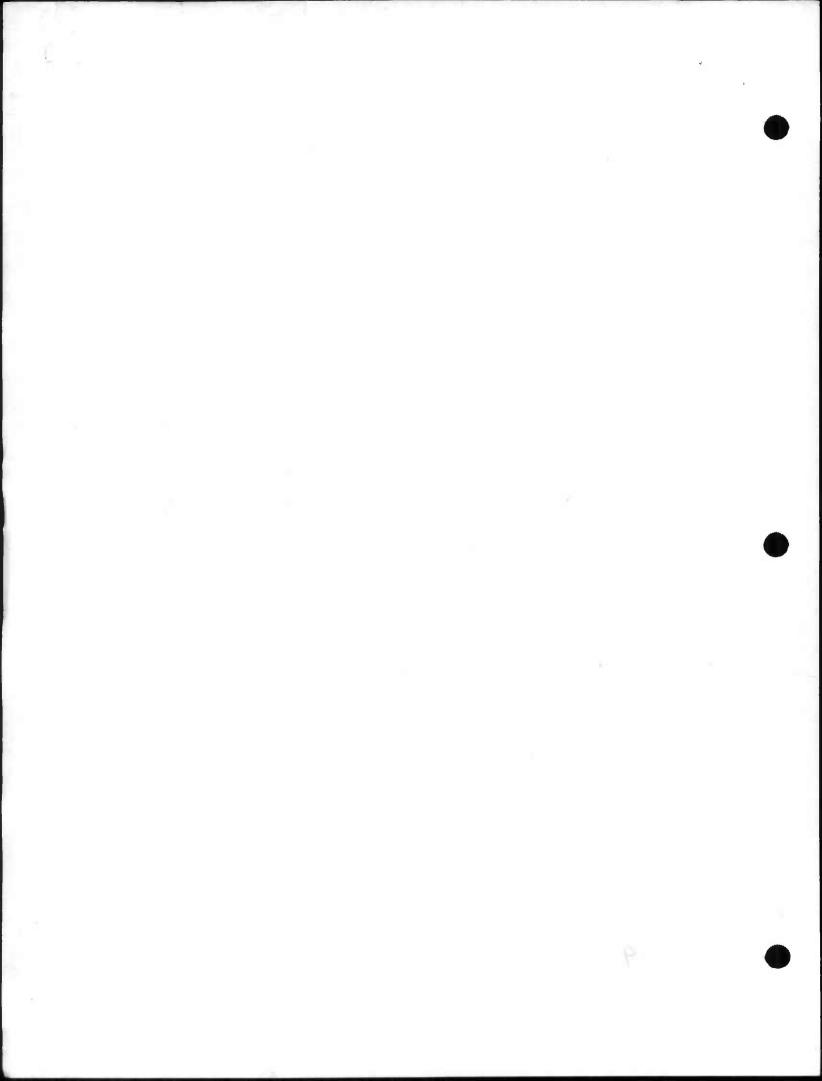


FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate
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certificate be

CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OFATH 3. TIME OF OEATH CHESTER JOHNION CHESTER LEE JOHNSONS 1:05 4. SOCIAL SECURITY NUMBER 250-48-7991 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 F 62 25 11 S. Carolina be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Bon Secours Baltimore N/A RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland N/A Baltimore YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1705 Ashburton Street 21216 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Bleck, White, atc. 1 Never Married 2 Merried Specify: Black BY 1 YES 2 XNO Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 18a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 7th grade Longshoreman 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Albert Rogers notified at Fannie Johnson BE DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 Ella Johnson 1705 Ashburton Street Baltimore, Maryland þe 20s. METHOD OF DISPOSITION
1 X Burlel 2 Cremation 3 Removal from State 10/1/9 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata must 4 Donation 5 Other (Specify) Memoria1 Arbutus, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY 5240 Reisterstown Rd arris Chatman-Harris F/H Baltimore, Md21215 medicai 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or raepiratory arrest, Approximata ahock, or haart feilure. List only one cause on each line. **IMMEDIATE CAUSE (Final** Onset and Death ‡ disease or condition METASTATIC CANCER OF COLON event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST injury, PART II. Other significant conditione contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 24a. WAS AN AUTOPSY any 1 TES 2 NO shows ? 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL tem 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 Monations 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO 4 - Nursing Home 5 - Residence 8 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28 is marked, 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED Natural 1 YES 2 NO В 2 Accident 28s. PLACE OF INJURY — At home, tarm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED a Could not be determined 4 Homicide Hem 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated FUNERAL within 72 h = 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(e) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: I 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE Meli Town D26256 9/28 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1940 W. Baltimere DUONG inco 31. DATE FILED (Month, Day, Year) SEP 29 1994 32. REGISTRAR'S SIGNATURE



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and local period of the flower of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

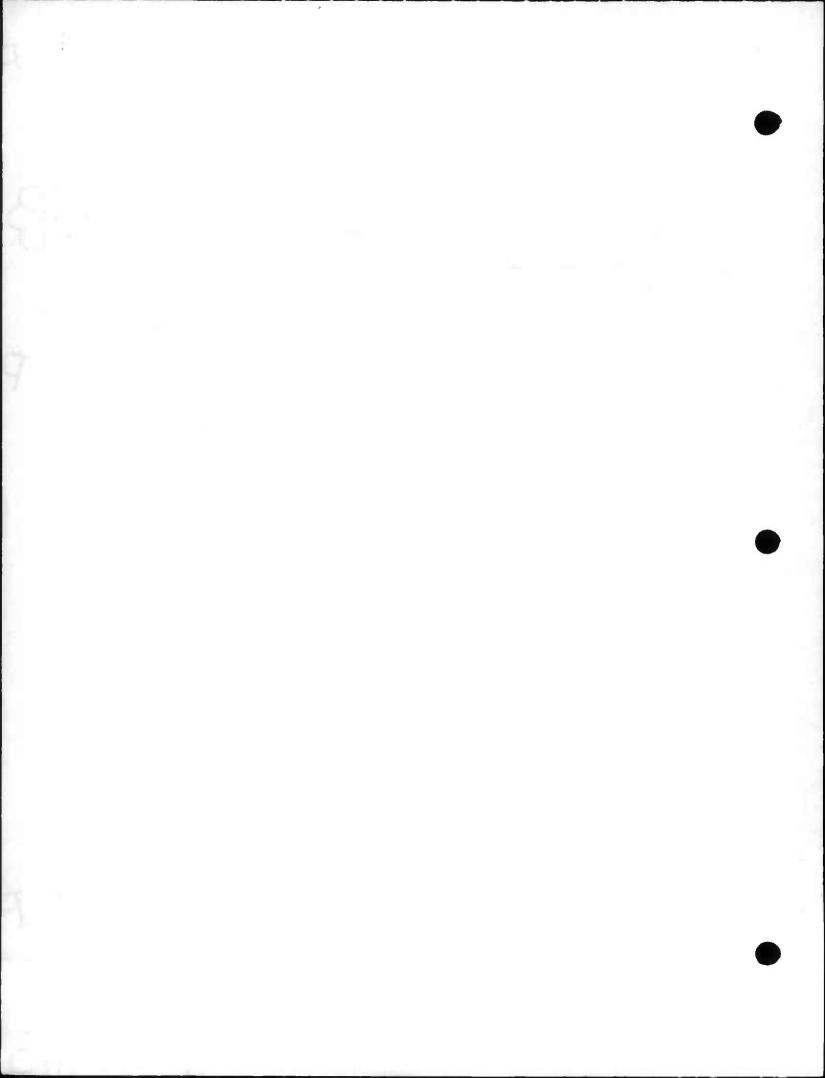
IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, I	Middle, Last)								2. DATE OF				3. TIME OF DEATH	
	Geor	gia		KATZ						9/22	/94 [™]	W	YEAR	8:58 am. M	
	4. SOCIAL SECURITY NUMBE		5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER		IF UNDER		7. DATE OF E (Month, De	HTHE		6. BIRTH Countr	IPLACE (State or Foreign	
	357 14 756		1 M 2 🙀 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	7-25		3			
_	9a. FACILITY NAME (If not inst			1				OR LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D		
2	Franklin		Essex Baltimore						re						
EC		10b. COUNTY	,		10c. CIT	Y, TOWN C	R LOCAT	TION						10d, INSIDE CITY	
DIA	Maryland	Balt	timore	Со		Ba	lti	nore						LIMITS?	
AL	10e. STREET AND NUMBER					101	. ZIP CODI				10g. CIT	IZEN OF V	WHAT COUNTRY?		
IER	6600 Rid	ge Ro	oad						212	37			US	A	
FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 N	econii.	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.	NAS DEC	ENDENT C	F HISPAN	IC ORIGIN? (S	pecify Yes	or No-	14. RACE	— American Indian, c, White, atc.	
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	15. DECE	DENT'S EDUC	CATION		CEDENT'S					16b, KIN	D OF BUS	INESS/INC	DUSTRY	White	
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Ö	17. FATHER'S NAME (First, Mid									ME (First, Middl					
BE		Schut								aret					
2	190. INFORMANT'S NAME (Type Richard	Katz								ue, Ba				1	
	20a. METHOD OF DISPOSITIO	IN .		20b. PLACE		_	-		I V C II	DATE			City or To		
	1 Buriel 2 Cremation 4 Donation 5 Other (5	Specify)		cemetery, cre	matory or of	ther place)	TIONINA	ime or		DATE	20C. LUI	WATION —	City or 10	wn, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald Wade, Dir Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W.BaltimoreSt, Balto, MD21201												D		
		eesea, or o	-	/ / /	/									Approximate	
	ehock, or heart fellure. Liet only one ceuse on each line. Interval Between Onset and Death														
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품	27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. TIM		28c. INJ			28d. DESCRI		NJURY OC	CURED		
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COMPL			CIAN: To the best of												
00	2 MEDIC			xamination and/or	Investigatio	n, in my o	pinion, d	eath occur	ed at the t	time, deta and	place, an	d due to th	he cause(a) and manner as stated.	
BE (296. SIGNATURE AND TITLE O	F CERTIFIER	0	,		•		29c. LICE	NSE NUM			29d. DAT	E SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF	1.0	tegas	, MI	>				N,	/A		1	120	7/9x	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

After death

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IMPORTANT: (

BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should permit. use as the burial-transit hospital or attending physician. JQ. detached once. a notified funeral director, page 5 should 9 must examiner completely filled in by the rial, cremation, or removal. medicai the event, n and cont to bunial, traumatic physician prior / the attending physical property of Mental Hygiene p other 10 Injury, signed by t any Shows : 0 has be Dept. 23 certificate I 0 this c. marked,

ITEMS: 10a.b.c. e.f. PER INFORMANT FILM G-723 5/22/95 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH DR. IRVING G. KATZ SEPT. 22,1994 3:30P 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH JUNE 26,1918 212-40-6187 DAYS HOURS MIN NEW YORK 1X M 2 F 76 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3704 N. CHARLES STREET, APT. 903 BALTIMORE RESIDENCE OF DECEDENT 10a. STATE FLORIDA 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD. BALTIMORE PALM BEACH PALM BEACH 1 X YES 2 NO 100. STREET AND NUMBER 2660 SOUTH OCEAN BLVD. FUNERAL APT. 403S 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21218 33480-5420 3704 N. CHARLES STREET, APT. 903 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, etc. 1 Never Married 2 X Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 TYES 2 NO Specify: BY Specify: WHITE 3 Widowed 4 Divorced NAVY COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY Elementery/Secondary (0-12) College (1-4 or 5+) 5+ DENTIST DENTISTRY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname KATZ LOUIS SONIA **PEYSER** BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3704 N.CHARLES STREET, APT. 903, BALTO., MD. 21218 MRS. SHIRLEY KATZ 20b. PLACE AND DATE OF DISPOSITION (Name of OS) 25/94 Cemelery, cremetory or other place) ARLINGTON—CHIZUK AMUNO CONG. 20a. METHOD OF DISPOSITION 20c. LOCATION — City or Town, Sista DATE Burlet 2 Cremation 3 1 BALTO., MD. OF FUNERAL SERVICE VICENSERS 21. BIGNATUR 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD. 21215 PART Fenter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. Approximata Interval Batween IMMEDIATE CAUSE (Final Onset and Daath disease or condition metastalic resulting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF)-If any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: 1 Inpstient 2 ER/Outpstient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER DE OEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ΒY 2 Accident Investigation 3 Sulcide 28e. PLACE OF INJURY -- At home, ferm, street, fectory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF DENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE 9 23 94 attender 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician
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DIVISION OF VITAL RECORDS, P.O. BOX 687

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an inours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE

29b. SIGNATURE AND TITLE OF CERTIFJER

Takuo Sonoda, M.D.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Street INE GENTLE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 09 3. TIME OF DEATH Paul Linn Kennedy 28 94 11:00 a 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, last birthday) 7. DATE OF BIRTH (Month, Day, Year) 10/12/29 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS MIN YRS. 234-44-0567 West Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1435 Gerrold Place Crofton Anne Arundel 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Crofton Anne Arundel 1 YES 2X NO 10e. STREET AND NUMBER FUNERAL 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1435 Gerrold Place 21114 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 \(\subseteq NO \)

IF YES, GIVE WAR OR DATES 1948 - 1968 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Maxican, Puerto Rican, etc.)
 T YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: White BY 3 Widowed 4 Divorced ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high College (1-4 or 5+) Elementary/Secondary (0-12) COMPL 12th Welder Airforce 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Holly Okey Kennedy Lilly Elsie (last name unavailable) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Clare P. Rozzell 1435 Gerrold Place Crofton, MD 21114 20a. METHOD OF DISPOSITION
1 ☐ Burlal 2 X Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Metro Crematory, Inc. 09/29 Baltimore, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Cremation Society of Maryland, 0 299 Frederick Rd.Baltimore, MD McDonald 21228 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) 1/2 Years denocarcinoma of the Esophagus DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 TYES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b, TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending м 1 YES 2 NO BY 2 Accident 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as attend. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and placs, and due to the cause(s) and manner as stated.

Malcolm Grow Medical Center

29c. LICENSE NUMBER / LL.

29d. DATE SIGNED (Month, Day, Year)

▶ 09/28/94

Andrews Airforce Base

Maryland 20331-6600

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I			HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3. TIME OF DEATH
	Mary L Lync	h				Sept	Z	1999	1 1:06 AM
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF (Month, L	BIRTH Day, Year)	8. BI	IRTHPLACE (State or Foreign puntry)
	220-20-9390 9a. FACILITY NAME (If not institution, give st	1 D M 2 X F 70	YRS.				2, 192		aryland
œ	Union Memorial H				OR LOCATION OF O	EATH	ľ	9c. COUNTY O	
1 6	RESIDENCE OF DECEDENT			Daltin	ore City			14/7	7
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Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			urname)	
BE (Daniel Aloysius Lynch				Helen /	Angela	Brown		
0	19a. INFORMANT'S NAME (Type/Print) Helen Patricia Lynch				Place Bal				
		20h	PLACE AND DATE O			DATE.	-	TION — City o	
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	24 SIGNATURE OF FUMERAL MERVICE LICE				ND ADDRESS OF FA		-		J = 0.10
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	23. PART I. Enter the diseases, or c	omplications that caused	tha death. Do r	ot antar the mo	ode of dying, auc	h as cardia	or raspira	tory arrest,	Approximate
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DIC	Acute Roma	Fuilage	Feschon	mit Cor	Drungopa	thing 1	YES 2		COMPLETION OF CAUSE OF DEATH?
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¥	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIM	E OF 28c. INJ				URY OCCURED)
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	3 Suicide S Could not be	28e. PLACE OF INJURY building, etc. (Special Control of the Contro	— At home, term, s	treet, factory, offic	•	281, LOCATI City or	ON (Street and	d Number or Rus	ral Route Number,
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되면	TO THE FUNERAL DIRECTOR: Af	be filed within 72 hours after death with the State Legst	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH LODENKEMPER, 09 24 10:47 AM HARVEY SR 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH 1 M 2 - F DAYS HOURS 216-07-5917 YRS. 78 May 6 1916 9a. FACILITY NAME (If not institution, give atreet and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR A.A. COUNTY NORTH ARUNDEL F GLEN BURNIE HOSPITAL ASSOCIATION 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD ANNE ARUNDEL BALTIMORE 1 - YES 2 X NO ERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 446 CARVEL BEACH ROAD 21226 USA FUNE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerlo Rican, etc.) 1 TYES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced WHITE WW II 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high 님 ry/Secondary (0-12) CARPENTER COMPL ACME MARKETS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) LOUIS L. LODENKEMPER WRETHA M. SHANK 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 ETHELYNN V. LODENKEMPER 446 CARVEL BEACH ROAD, BALTIMORE, MD 21226 20a. METHOD OF DISPOSITION
1 □ Buriel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 1 ☐ Buriel 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify) MEADOWRIDGE MEM. PARK 9/28 Howard County, MD 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY McCully Funeral Home of Pasadena 3204 Mountain Rd. Pasadena, MD Williams Steven H 23. PART I. Enter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. List only one cause on each line intarvai Between IMMEDIATE CAUSE (Final Onsat and Death heart facture disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): month CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS anleythmas AVAILABLE PRIOR TO Chronic rend farler. COMPLETION OF CAUSE 1 ibuillation Cerebrovarcula accident 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO IN UNCERTAIN I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 AND 1 - Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? INJURY 3 Natural M 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the beals of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF SERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 9/25/94 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D./203 HOSPITAL DRIVE, #206/GLEN BURNIE, MARYLAND 21061

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DIVISION OF VITAL RECORDS, P.O. BOX

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR		PARTMENT OF HEALTH AND IFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S HAME (First, Middle, Lest)			2. DATE OF DEATH	3. TIME OF DEATH
Rober	t W. L	115	MONTH DAY YE	AR I O
4. SOCIAL SECURITY HUMBER	5. SEX 6. AGE (In yrs. last birthe	fay) IF UNDER 1 YEAR IF UNDER 24 HRS.	7.0	BIRTHPLACE (State or Foreign
217 - 12-8736	1 MM 2 □ F 7 C YE	MONTHS DAYS HOURS MIN		Country)
9a. FACILITY HAME (If not institution, give a	treet and number)	9b. CITY, TOWN OR LOCATION OF D	EATH 9c. COUNTY	OF DEATH
Sinai of	Baltimore	Baltimor	e	
10a. STATE 10b. COUNTY	100	CITY, TOWN OR LOCATION	· · · · · · · · · · · · · · · · · · ·	10d. INSIDE CITY
Md. B	altimore	Owings M	ills	1 TYES 2 HO
10e. STREET AHD HUMBER	1 (1	101. ZÎP CODE	10g. CITIZEN	OF WHAT COUHTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPA	HIC ORIGIN? (Specify Yea or No. 14.	RACE — American Indian,
1 Never Married 2 Married	FORCES? 1 X YES 2 HO IF YES, GIVE WAR OR DATES	It yes, specify Çuban, Mexic	an, Puarto Rican, atc.)	Black, Whita, atc.
3 Widowed 4 Divorced	II ww	1 TYES 2 NO Speci	ry.	Specify:
15. DECEDENT'S EDUC (Specify only highest grade	CATION 16a, DECEDE	HT'S USUAL OCCUPATION of of work done during most of working	16b. KIHD OF BUSINESS/INDUST	TRY
Elementary/Secondary (0-12)		OT use retired.)	0	1.6
17. FATHER'S NAME (First, Middle, Last)		rainer	Nace	Horses
Tr. PATHER'S NAME (PIST, MIGGIE, LEST)	1 "	18. MOTHER'S N	AME (First, Middle, Meiden Surname)	1.1
19e. INFORMANT'S HAME (Type/Print)	<u> </u>	Et	hel Mc Ca	ylley
L II F	196. MAJ	LIHG ADDRESS (Street and Number or Rural	Route Number, City or Town, State, Zip Coo	(fe)
Renneth E.	LIAS 73	07 Hallsboro CI	ir- apt-202 Ba	Ha, Mil. 21234
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem	oval from Stata 20b. PLACE AND Discount from Stata	ATE OF DISPOSITIOH (Name of or other place)	DATE 20c. LOCATION — City	or Town, Stata
4 Donation 5 Other (Specify)	CENSEE CITY !!	22. NAME AND ADDRESS OF F	-26-5941 Hampster	rd Ma
· 20	0 40	22. NAME AND ADDRESS OF PA	11824 Reister	rstown Road
C. 64	en touell	Eline Funera	I Home Reister	stown red
23. PART I. Enter the diseases, or o	complications that caused the death. List only one ceuse on each line.	Do not enter the mode of dying, suc	ch es cerdiec or respiretory erreet	
IMMEDIATE CAUSE (Final	List only one couse on each line.			interval Between Onset and Death
disease or condition resulting in deeth)	DUE TO (OR AS A CONSEQUENCE			10 days
Company Comment	DUE TO (OR AS A CONSEQUENCE	CE OF):		
Sequentially list conditions,	a Dehyo	lvation		
if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENC	CE OF):		
CAUSE (Disease or injury	cDUE TO (OR AS A CONSEQUENC	- AD		
thet initieted events resulting in deeth) LAST	DOE TO (OR AS A CONSEQUENC	E OF):		
	d			
PART il. Other significent condition	s contributing to deeth but not result	ing in the underlying couce given in	Part i. 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
Carebuch	Vascula	Accident	1 Tes 2 No	AVAILABLE PRIOR TO COMPLETION OF CAUSE
				OF DEATH?
				10.120
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)	
1 YES 2 NO	HOSPITAL: 1 Dipartient 2 ER/Outpatient 3 DO	OTHER:		
27. MAHHER OF DEATH	28a. DATE OF IHJURY (Month, Day, Year) 28b.	TIME OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY OCCUR	ED
	(MORRI, Day, rear)	M 1 YES 2 NO		
1 Netural 5 Pending				Premi Brute Number
2 Accident Investigation	28e. PLACE OF INJURY — At home, te	rm, street, factory, office	28t. LOCATIOH (Street and Number or F	nurai riouta number,
2 Accident Investigation	28e. PLACE OF INJURY — At home, te building, atc. (Specify)	rm, street, factory, office	28t. LOCATION (Street and Number or F City or Town, State)	nurer riodie riumber,
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	building, atc. (Specify)		City or Town, State)	urai nuuta numba;
2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my knowledgs, death or	curred at the time, date end place, and du	City or Town, State) to the cause(a) and manner as stated.	
2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	building, stc. (Specify) ICIAN: To the best of my knowledgs, death oc R: On the basis of axamination and/or investi	curred at the time, date and place, and du gation, in my opinion, death occured at the	city or Yown, State) to the cause(a) and manner as stated. time, data and placa, end due to the ca	iuse(e) and manner ae atated.
2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge, death or R: On the bests of axemination and/or investi	curred at the time, date and place, and du gation, in my opinion, death occured at the 29c. LICENSE NU	city or Yown, State) to the ceuse(a) and manner as stated. time, data and placa, end due to the ca	nuse(e) and manner as stated. GHED (Month, Day, Year)
2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	CIAN: To the best of my knowledge, death or R: On the basis of examination and/or investi	curred at the time, date end place, and dugation, in my opinion, death occured at the 29c. LICENSE NU	city or Town, State) to the ceuse(a) and manner as stated. time, data and placa, end due to the ca MBER 29d. DATE SI 3 Z 1 RC9803	iuse(e) and manner ae atated.
2 Accident 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	CIAN: To the best of my knowledge, death or R: On the basis of examination and/or investi	curred at the time, date end place, and dugation, in my opinion, death occured at the 29c. LICENSE NU	city or Town, State) to the ceuse(a) and manner as stated. time, data and placa, end due to the ca MBER 29d. DATE SI 3 Z 1 RC9803	nuse(e) and manner as stated. GHED (Month, Day, Year)
2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	CIAN: To the best of my knowledge, death or R: On the basis of examination and/or investi	curred at the time, date and place, and dugation, in my opinion, death occured at the 29c. LICENSE NU	city or Town, State) to the ceuse(a) and manner as stated. time, data and placa, end due to the ca MBER 29d. DATE SI 3 Z 1 RC9803	nuse(e) and manner as stated. GHED (Month, Day, Year)

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Pages 1, 2, 3 should per mit. use as the burial-transit attending physician. for detached funeral director, page 5 should be in by the ö in and completely filled to burial, cremation, or physician prior the attending p signed by the peen 0 has be Dept. certificate h the State I this c OR ATTENDING PHYS After death DIRECTOR: / THE HOSPITAL (THE FUNERAL C filed within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: I

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 94 John I. Lynch a 2347 4. SOCIAL SECURITY NUMB 6. AGE (in yrs. last birthday) 5. SEX IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign 638 IF UNDER 24 HRS. 7. DATE OF BIRTH 1 M 2 D F RYLAND 06 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Adums Saver (1/2. NA DIRECTOR Conler Shock TZMURE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimort Itim ore 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21229 eherne 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. Never Married 2 Married
Wildowed 4 Divorced It yea, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES В Specify: COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig Mac Curthy-Hicks Co. ry/Secondary (0-12) lege (1-4 or 5+) 12th presentative C-rude once. 17. FATHER'S NAME (First, Middle, Last) 1e. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ James Marrie BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ()e loves telland Bu 140 000 MD pe 20a. METHOD OF DISPOSITION
1. Burlel 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must CATHEDRAL CEMETERY 09/29-94 BALTIMORE MARYLAND 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE CATONSVILLE MARYLAND medicai Enter the disease, or complications that caused the death. Do not enter the mode of dying, such se cerdiec or respiratory errest, shock, or heart failure. Liet only one cause on each line. 23. PART i. Enter the diseeeee, Intervel Between **IMMEDIATE CAUSE (Finel** Onaet end Death the diseese pr condition Lurge Intracerebra / Bleed Days event, resulting in deeth) t ension HYPER + PINIO DUE TO (GRIAS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentielly list conditions if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated evente resulting in deeth) LAST 6 Injury, PART ii. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION DF CAUSE 1 YES 2 NO 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES | NO 💆 UNCERTAIN 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem EXAMINER? HOSPITAL:
1 Inpatient 2 - ER/Outpatient 3 - DOA 1 YES 2 NO OTHER 4 Nursing Home 5 Rasidence 6 Other (Specify) 27. MANNER DF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 26s. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) Sulcida 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Could not be determined 60 COMPLETED 4 Homicide 200 Hem 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE -ellow, Critical Cure 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Couley Shock Trung Center,

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Nours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burfal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
		MAREK				2. DATE O	OF DEATH		EAR 3.	TIME OF DEATH 500 AM	
8	081-18-0427 9a. FACILITY NAME (If not institution, give street of	8. AGE (In yrs	· ·	HOURS MIN.	7. DATE O (Month, OCTODE DEATH	ACE (State or Foreign ISVIVania					
DIRECTOR	Sinai Hospital RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOC	timore ATION				10	d, INSIDE CITY	
	Pa. 10e. STREET AND NUMBER		Al	lentown 	IOI. ZIP CODE			1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	1 V Never Married 2 Married	WAS DECEDENT EVER IN U.S FORCES? 1 X YES 2	□ NO	If yes,	ECENDENT OF HISPA specify Cuban, Maxic	ean, Puerto Ri	(Specify Ves	or No — 14	RACE — Black, W	American Indian, thite, atc.	
red BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUCATIO (Specify only highest grade comp	IF YES, GIVE WAR OR DATES WWTT ON 18a	. DECEDENT'S	USUAL OCCUPA	FION most of working		KIND OF BUSI	NESS/INDUS	Specify:	white	
COMPLETED	Elementary/Secondary (0-12) Co 12	ollege (1-4 or 5+)	Sup	ervisor	18. MOTHER'S N	AME (E) AME	Salada Barran M				
	Michael Marek						: Chova			1	
3 BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	t and Number or Rura				ode)		
5	Richard Marek		1646	Etonway	, Croftor	n, Md.	2111	L3			
	20s. METHOD OF DISPOSITION 1 CABurlei 2 Cremation 3 Removal from State 4 Donation 5 Other/Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of cametery, crematory or other place) St. Michael Cemetery 20c. LOCATION - City or Town, State 10/03/04 Summit Hill. Pa.										
	21. BIOHATURE OF HUMBHAL BERVICE LICENS	. Loub	2011	Gary 5695	AND ADDRESS OF F L. Kaufma Main St.	an Fun . Flkr	eral H	Home o	of El	k., Inc.	
	23. PART I. Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, euch as cardiec or reepiratory arrest, intervel Batween Onset and Daath										
z	disease or condition resulting in death) a: MYDCAR DIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Indiany) CAUSE (Disease or condition) Z										
CERTIFICATION	Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Fature DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):										
AL C	PART II. Other eignificant conditions co	entributing to deeth but n	ot resulting	In the underly	ng cause given is	n Part i.	24a. WAS AN A	WTOPSY	24b. WI	ERE AUTOPSY FINDINGS	
MEDIC						_	PERFORM	NED!	Di	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
PHYSICIAN:	DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDICAL	MIKIBUTE TO CA	AUSE OF		YES NO)				
Sic		OSPITAL: Inpetient 2 ER/Outpetier	rt 3 🗆 DOA	OTHER: 4 - Nursing H	ome 5 🗆 Residence	8 🗆 Other	(Specify)				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY	NJURY AT YORK? YES 2 NO	28d. DE\$0	CRIBE HOW IN	JURY OCCUI	RED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	At home, ferm,	street, factory, of	lice		TION (Street ar r Town, State)	nd Number or	Rural Rout	e Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: OI	: To the best of my knowledge to the basis of examination and								nd manner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER Charif & Dubing M 30. NAME AND ADDRESS OF PERSON WHO CO	ANIL K. D			PAS 9	820		29d. DATE S	Z9/	onth, Day, Year)	
			. , ,,,,								
	31. DATE FILED (Month, Day, Year) SEP 2 9 1994	32 REGISTRAR'S SIGNATUR									

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,		FOR 1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		NTAL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, Last)	y worw		rphy, Jr	2	DATE OF DEATH	AY 94	3. TIME OF DEATH
pin		4. SOCIAL SECURITY NUMBER 029/6 5539	1 XM 2 DF 6	yrs. lest birthday) YRS,	IF UNDER t YEAR MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	25 Mas	ssachusetts
, 2. 3 should	TOR	9a. FACILITY NAME (If not institution, give st	eet and number)		7 011	ncocation of Deati	н	Bastin	DOPE CITY
sit permit. Pages 1,	DIRECTOR	Maryland An	ne Arundel	10c. CIT	Y, TOWN OR LOCAT	Miller	sville		10d. INSIDE CITY LIMITS? 1 YES 2 NO
	NERAL	8382 Oakwood Rd.				21108		United	what country? states
215-0020 attending physician. se as the burial-transit	BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3XXWidowed 4 Divorced	12, WAS DECEDENT EVER IN FORCES? 1X YES IF YES, GIVE WAR OR DAT 1943 - 1973	2 NO	If yea, spo	ENDENT OF HISPANIC polity Cuban, Maxican, P 2 X NO Specify:	ORIGIN? (Specify Ye Puerto Rican, atc.)	a or No— 14. RAC Blac Spec	CE — American Indian, ck, Whita, atc. city: White
2121	PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mose retired.)	N st of working		Navy	
A the pe det	BE COMPL	17. FATHER'S NAME (First, Middle, Last) Charles	D. Mur	cphy, Sr		18. MOTHER'S NAME Alice			Petry
E, MARN y be retained to age 5 should be notified	TO B	19a. INFORMANT'S NAME (Type/Print) John Gilmore		19b. MAILING	ADDRESS (Street a	nd Number or Rural Rout	te Number, City or Tow	vn, State, Zip Code)	
FOR e 6 ma ector, p		20a. METHOD OF DISPOSITION 11 Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from Stata came Mal	dans aramatans as a	<u>/eterans</u>	Cemetery	9/27/94	Crownsv	ille, MD
ALT death. e funera il.		→ \$\tal\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	muun		McCu 3204	ally Funer Mountain	al Home Rd., Pa	sadena, 1	
BOX 68760 cate be executed with hours hysician and completely filled in a prior to burial, cremation, or re prior traumatic event, the med	ERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A C	consequence d CONSEQUENCE O	n: W K/1	L lung		errest,	Approximata Interval Betwee Onset and Dea
the death by the attent of Mental F	AL C	PART II. Other eignificant conditions	contributing to death bu					and the same of	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO
AL RECORE Inv requires that the been signed by the property of Health and the signed by the signed	AN: MEDIC	VENT DE MEDICAL 25. WAS CASE REFERRED TO MEDICAL	HTN CAD	Vai	vertici	LIUSES	PERFO	2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	HYSICI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpet	28b. TIN	OTHER: 4 Nursing Hom IE OF 28c, INJ	ACE OF DEATH (Check 5 Residence 8 DURY AT 28		INJURY OCCURED	
ATTENDING ECTOR: Afr s after dell 28 Is r	ED BY	1 Natural 5 Pending Investigation 3 Suicide 8 Could not be datarmined	(Month, Day, Year) 28a. PLACE OF INJURY – building, etc. (Specifi	- At home, ferm,	M 1 1	RK? (ES 2 NO 28	81. LOCATION (Street City or Town, State	and Number or Rural	Route Number,
AL OR	OMPLETE	29e. CERTIFIER (Check only	ZIAN: To the best of my knowle						(a) and manner as stated
TO THE HOSPITAL TO THE FUNERAL be filed within 72 I	BE C	296. SIGNATURE AND THISE OF CERTIFIER	20			29c. LICENSE NUMBE			D (Month, Day, Year)
P P A =	10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type	17 (A)	Hopkm	I Pay	- 24	eli
		SEP2 9 1994	32. REGISTRAPS SIGNAL	TURE	1,5001				

100 p 2022

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR		STATE OF I	MARYL					EALTH AND	MEN	TAL HYGIENI REG. NO.			
1. DECEDENT'S NAME (First, RUTH	Middle, Last)	М.					ILL			ATE OF DEATH	199	YEAR	1:35 P
4. SOCIAL SECURITY NUMB 217-09-5449		5. SEX 1 M 2 F	6. AGE (In yrs. last		IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	10	ATE OF BIRTH Month, Day, Year) -28-1916		Countr	PLACE (State or Foreign Y) TH CAROLINA
99. FACILITY NAME (If not institution, give street and number) CROFTON CONVALESANT CENTER CROFTON RESIDENCE OF DECEDENT										NTY OF D			
100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND ANNE ARUNDEL CROFTON										10d. INSIDE CITY LIMITS? 1 YES XX NO			
100. STREET AND NUMBER 1830 J TREE VIEW COURT 101. ZIP CODE 21114											ZEN OF V	VHAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes of If yes, specify Cuben, Maxicen, Puerto Ricen, etc.) 1 YES NO Specify:							or No—	or No— 14. RACE — American Indian, Black, White, etc. Specify: WHITE					
(Specify only Elementary/Secondary (0	EDENT'S EDUC highest grade (completed) College (1-4 or 5	+)	(Giv	Do NOT use	retired.)	CUPATIO uring mo	ON st of working			E GA		ELECTRIC
11 17. FATHER'S NAME (First, MI THOMAS	iddle, Last)	N/A MARSH		Т	ELLER		ii .	18. MOTHER'S NA	AME (F	COMP irst, Middle, Meiden S H			
190. INFORMANT'S NAME (7) PAUL H. MIL										Number, City or Town FTON, MD			
20e. METHOD OF DISPOSITI	n 3 🗆 Remo	oval from State			ND DATE OF STATE OF S					0/11	EN B	-	wn, State E, MD.
21. SIGNATURE OF FUNERAL	L SERVICE LICE	ENSEE	1	5	//	7 1	SE	COND A	VE	SINGLE NUE, S.	W.		TERAL HOME
23. PART i. Entar the di ahock, or he	seases, or c	ompiicationa the	t caused	196 des	ith. Do no	t enter t	the mo	de of dying, suc	h as	MARYLA cardiac or respir	atory arr	2106 rest,	Approximata interval Between
iMMEDIATE CAUSE (Fin disease or condition resulting in death)	ai → a	a. Que	UL OR AS A	CONSEC	Inc	rol	re	mul	7	Hem	ar	rh	Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
PART II. Other significa	nt conditions	s contributing to	death be	ut not re	auiting in	the unc	teriying	cause given in	Part	i. 24a. WAS AN / PERFORI 1 YES 2	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DID TOBACCO U		RIBUTE TO CA		_	H YES			UNCERTAI	N []			
EXAMINER?		HOSPITAL:				THER		5 🗆 Residence	8 🗆	Other (Specify)			
	Pending nvestigation	28e. DATE Of (Month, L			28b. TIME INJUI	OF RY		URY AT RK? ES 2 NO	28d.	DESCRIBE HOW IN	JURY OC	CURED	
3 Suicide 8	Could not be	28e. PLACE C building,	of INJURY	— At hon	ne, ferm, str	eet, facto	ry, office			LOCATION (Street el City or Town, State)	nd Number	or Rural F	loute Number,
onal										cause(s) end mani) end manner es atated.
29b. SIGNATURE AND TIDA	rul	COMPLETED CALL	J.	nt	ne	Mi	1)	29c. LICENSE NUI	MBER /8°	0	29d. DATI	3	(Month, Day, Year) 9/28/6
DR. RONAI		KA, 168	4 VI				, 0	ROFTON	, [MARYLAN	1D 2	1114	
SEPZ 91	994 J	12. Helsity		Tank.									

1000 11984 January 1000 (1978

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	JOB. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
ISION OF VITAL RECORDS, P.O. BOX 68760,	ITTENDING PHYSICIAN: The law requires that the death certificate be executed within	CTOR: After this certificate has been signed by the attending physician and completely

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the countries of the funeral distribution to the completely filled in by the funeral distribution to the completely filled in by the funeral distribution of the completely filled in by the funeral distribution of the completely filled in by the funeral distribution of the completely filled in by the funeral distribution, or temoval.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner.

	REGISTRAR 1. DECEDENT'S NAME (First, M	fiddle. Lasti						DEAT		2 DATE	REG. NO	,.		3. TIME OF DEATN	
1	RAYMO	NIN	/	mr	PPI	<				MONT	H / D	MY / 91	YEAR	10101	
1	4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In v	rrs. last birthday	IF UNDER	1 YEAR	IF UNDER	24 HDS	7 DATE	OF BIRTH	/ /	e DIOTI	VPLACE (State or Foreign	
	300-26-70	84	1 M 2 D F	6		MONTHS	DAYS	HOURS	MIN.	(Mon	h, Day, Year)		Count	ry)	
	9e. FACILITY NAME (# not instit	tution, give i	1	0		9h CITY	TOWN	OR LOCATION	ON OF D		20-29	9c. COUN	TV OF F	OH.	
								timo		LAIN		96. COUR	III OF L	PEAIN	
	RESIDENCE OF DECE	DENT	1 Balti	more		1	Dal	CIMC	re						
	10a. STATE 1	IOB. COUNT	Y		10c. CI	TY, TOWN O	R LOCAT	TION						10d. INSIDE CITY LIMITS?	
	Md.					Ва	alt:	imor	e					1 YES 2 NO	
ı	10e. STREET AND NUMBER						101	. ZIP CODI				10g. CITIZ	ZEN OF	WHAT COUNTRY?	
	1502 Kenwa	boo	Ave.					2121	3				US	A	
	11. MARITAL STATUS 1 Never Married 2 Min	andad	12. WAS DECEDER		S. ARMED						N? (Specify Ye Rican, atc.)	a or No-	14. RAC	E — American Indian, k, White, etc.	
	3 Widowed 4 Divorce		IF YES, GIVE					2 7 40			riceri, etc.)			Specify:	
ı		ENT'S EDU	1947	-179	14	1				_				Black	
	(Specify only h	nighest grade	e completed)		Give kind of	S USUAL OC work done ouse retired.)	during mo	on st of workin	g	161	. KIND OF BU	SINESS/IND	USTRY		
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1	8+h 17. FATNER'S NAME (First, Midd	offer A cost)			0	rder	LУ					Hosp	ıta	1	
1		are, Lust)						18. MOTI		100	Middle, Maiden				
4	Percy 19a. INFORMANT'S NAME (Type	o (Color)		Morr			400				e Sno				
											ber, City or Tow			1212	
	Virginia 200. METNOD OF DISPOSITION		rris						ve.			•			
	1 Buriel 2 Cremation	3 Ram	noval from State	cemeter	ACE AND DATE ry, cremetory or	other place)				DAT		CATION —	-		
	4 □ Donation 5 □ Other (S)			- (Garri						4 Owi	ngs	Mi1	1s,Md	
i	21. SIGNATURE OF FUNERAL S	SERVICE LI	CENSEE			22.1	NAME AN	ID ADDRES	SS OF FA	CILITY					
	Albert P. Wylie F/H PA 638 N. Gilmor St, 21217										io F/	H PA			
- 8	1/1/10	W	Mes		-					Wyl					
1	23. PART I. Enter tha dise	ases, or	complications the	at caused th	na daath. Do	6:	38	N. G	ilm	Wy1	St, 2	1217	,	Approximate	
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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be land within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR

	1 - STATE CHARLET OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH
	CHARLES I MAYLOR 19 26 94 1355 "
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) Country) 8. ISIRTHPLACE (State or Foreign
	212-07-5006 MXM 2 F 84 VRS. 100 09-05-10 MARYLAND
_	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
6	CARROLL COUNTY GENERAL HOSPITAL WESTMINSTER CARROLL
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
DIRECTOR	MARYTAND BATTTMORE: CAMPONICIATE I
	104. STREET AND NUMBER 101. ZIP CODE 100. CITIZEN OF WHAT COUNTRY?
ER	28 MONTROSE MANOR COURT 21228 U.S.A.
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Ves or No. 14. RACE - American Indian
ВУ Б	1 Never Married 2 Married FORCES? 1X YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) Black, Whita, atc. Specify: Spec
	WHITE
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)
٦	Elementary/Secondary (0-12) College (1-4 or 5+) WAREHOUSEMAN A&P FOOD STORES
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)
	CHARLES I. NAYLOR SR. VIRGINIA BELL AGNES
BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)
2	DENNIS MITCHELL (ATTORNEY) 2614 WASHINGTON BLVD. BALTIMORE MARYLAND 21230
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of particular of
	2 Cremetory or other place) 4 Donetion 5 Other (Specify) TORRATNE PARK CEMETERY 09/29/94 WOODT, AWN MARYT, AND
	21. SIGNATURE OF ENTERAL SERVICE LICENSEE
	LEROY M & RUSSELL C WITZKE FUNERAL HOMES
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate
	shock, Dr haart failura. List Dniy Dna čausa Dn aach lina. IMMEDIATE CAUSE (Final Onset and Daeth
	disease or condition resulting in death) a. CARDIAC ASYSTOLE DUE TO (OR AS A CONSEQUENCE OF):
z	Sequentially list conditions, DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF):
E	
0	CAUSE. Enter UNDERLYING CAUSE. (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
Ē	that initiated events resulting in death) LAST
CERTIFICATION	d
	PART II. Other elignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS AMAILABLE PRIOR TO
DICAL	(9. 1. BLEEDING. 20 TO DUODENAL YES 2 TWO COMPLETION OF CAUSE OF DEATH?
ME	1 U YES 2 D'NO
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
YSI	1 YES 2 NO 1 Impetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Natural 5 Pending
B	2 Accident Investigation Inves
B	3 Suicida 8 Could not be determined 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)
	29e. CERTIFIER
COMPLETED	(Check only 1 CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
8	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.
BE	29t. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)
2	30. NAME! AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (7/DM, Print)
800	4-0 BC D 20-00-000 Page 11/1/4 21/1/7
ŀ	31. DATE FILED (Mooth Gen Mar) July Character Marchantarune
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 $\mathbf{\alpha}$ DIVISION OF VITAL RECORDS, P.O.

29b. SIGNATURE AND TITLE OF CERTIFIER

SEP 2 9 1994

HOWARD

31. DATE FILED (Month, Day, Year)

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Q - 23 - Q/MONTH DAY Z3 94 3. TIME OF DEATH Powny Hanlin Pownall 10:40 MRY pm M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 77 DAYS HOURS MIN. 1 M 2X F 26 0694 2-22-1916 rginia bunial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Johns Hopkins Bayview Hsp Baltimore na 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore na 1 YES 2 NO 10g. STREET AND NUMBER 1046 Old No. Point Rd. FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? East Point Nursing Home 21224 USA physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yea, specify Cuban, Maxican, Puarto Rican, afc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify: 3 🔀 Widowed 4 🗌 Divorced use as the no White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY during most of working Į0 Elementary/Secondary (0-12) College (1-4 or 5 +) Medicine Reg Practical Nurse ay be retained by the hospital page 5 should be detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) # Hanlin BE notified 19a. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Kay Doughtery 8612 Jessica Lane, Perry Hall, MD 21128 pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must 1 Burial 2 Cremation 3 Removal from State funeral director, 4x Donation 5 ☐ Other (Specify) examiner 21. SIGNATURE ON PUMERAL SERVICE LICENSEE Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W.Baltimore St, Balto, MD21201 filled in by the medical 23. PART I. Enter the dispases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Interval Between б IMMEDIATE CAUSE (Final **Onaat and Daath** cremation. the disease or condition Pulmenary Embelus Probable event, 1 reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) burial, traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) prior to if any, laading to immadiate attending physician ntal Hyglene prior to cause. Enter UNDERLYING certificate other CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 6 the attent injury, PART ii. Other algnificant conditions contributing to death but not reaulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Health and AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? any 1 TYES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: The law requires Shows 1 TYES 2 NO been to f has by Oept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? certificate I HOSPITAL: OTHER Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Homa 5 Realdence 6 Other (Specify) 6 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED this c marked. 1 Natural 5 Pending BY After 1 death 2 Accident Investigation 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcida .09 DIRECTOR: / ETED 4 Homicide 28 hours a Item 29a. CERTIFIER
(Chack only)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilme, data and place, and due to the cause(a) and manner as stated. COMPL FUNERAL I within 72 h TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

MD

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DAVAGE

32. REGISTRAR'S SIGNATURE Arucker Rardall

AN

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Egstan

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29d. DATE SIGNED (Month, Day, Year)

BALTIMORE, MARYLAND 21215-0020
ECORDS, P.O. BOX 68760
DIVISION OF VITAL R

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with countries of the Hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	CERTIF	ICATE C	F DEATH	WEIGHT !	REG. NO.				
Carrier St.		osnew			2. DATE OF MONTH	DEATH DAY	9 4	3. TIME OF DEATH 4 3 A M		
100	212-56-8314 1 M 2 K F 77	(In yrs. last birthday) YRS.	MONTHS DAY		7. DATE OF (Month, D. 5/1/.	av, Year)	Count	IPLACE (State or Foreign ny) MARYLAND		
POR	9a. FACILITY NAME (if not institution, give street and number) LEVINDALE		96. CITY, TOW BAL	N OR LOCATION OF D PIMORE	EATH	90	. COUNTY OF C	EATH		
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	10c. CIT BAL	Y, TOWN OR LO TIMORE	CATION			10d. INSIDE CIT LIMITS?			
COMPLETED BY FUNERAL	100. STREET AND NUMBER 3821 GLENGYLE AVE			101. ZIP CODE 21215		109. CITIZEN OF WHAT COUNTRY?				
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IF FORCES? 1 VES IF YES, GIVE WAR OR D	2 X NO	If yes	DECENDENT OF HISPA apocify Cuban, Maxic (ES X NO Speci	an, Puarto Rica		No — 14. RACI Black Spec	E — American Indian, k, Whita, atc. ////////////////////////////////////		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u. HOUSEWI	work done during sa retired.)	NTION most of working		ND OF BUSINES	SS/INDUSTRY			
BE CON	17. FATHER'S NAME (First, Middle, Last) ISAAC CHARLES KIRSNER			16. MOTHER'S NA	AME (First, Midd	EVNIN	eame)			
TO B	19a. INFORMANT'S NAME (Type/Print) MR. NATHAN POSNER			et and Number or Rural		City or Town, St.				
		BHAARET T	OF DISPOSITION		DATE	20c. LOCATIO	ON — City or To	·		
	22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. BALTO., MD 21215									
CERTIFICATION	ehock, Dr heart fallure. List Dnly Dne ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Dementia Alzheimer S Type a. Dementia Alzheimer S Type Due To (or as a consequence of):									
DICAL	PART II. Other significent conditione contributing to death but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 100									
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input In		QPHER:	PLACE OF DEATH (C)		257				
Y PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c.	INJURY AT WORK? YES 2 NO		DBE HOW INJUR	RY OCCURED			
TED BY	2 Accident Investigation 3 Suicide a Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office 2st. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office 2st. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of my known and medical examination.							and manner as stated		
TO BE CC	296. SIGNATURE OF DESTRIBITION REIME	Con .		D23				(Month, Day, Year)		
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE DEBRA S WERTHEI DOG		Print)	W. Be	luedes	e H	ve R	atto. AL		
	31. DATE FOR 9 1994 Julia di la marche de la constante de la c	ATUNE						21215		

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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31. DATE FILID

IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should	uurs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	sm 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this cer	be filed within 72 hours after death with the	MPORTANT: It item 28 is marked,
TO THE HI	TO THE FU	be filed with	IMPORTA

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. OECEOENT'S NAME (First, Middle_Last) 2. DATE OF DEATH MONTH 3. TIME OF OEATH Tayre 6:40 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 V F YRS. 216-16-9049 86 July 6, 1908 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Elizabeth's Nursing Home Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1229 Haverhill Road 21229 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yea, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify: BY Specify 3 X Widowed 4 Divorced white COMPLETED 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Spe College (1-4 or 5+) 6 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James L. Marshall BE Mamie A. Vermillion 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 911 Palladi Dr., B<u>altimore, Md.</u> Raymond M. Lins 20e. METHOD OF DISPOSITION X Burlet 2 Cremation 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 3 □ Woodlawh Cemetery 9/29/94 Baltimore, Md. Donation 5 Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Home of Elk., Inc. news 5695 Main St., Elkridge, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. Liet only one cause on each line. Approximete Interval Between Onset and Death IMMEDIATE CAUSE (Final diseese or condition_ Heart onaustive recuiting in death) TO (OR AS A CONSEQUENCE OF): rdiomyopathi CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if eny, leading to immediate Mitral cause, Enter UNDERLYING Valve evere CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in death) LAST OFONUV Busch PART H. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TYES 2 7 NO OF DEATH? 1 TYES 2 T NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** 4 Y Nursk 1 YES 2 1 | Inpetient 2 | ER/Outpetient 3 | DOA 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANHER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO BY 2 Accident
3 Sulcide Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the firme, data and place, and due to the cause(a) and menner as stated. 29a, CERTIFIER 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due 29c. LICENSE NUMBER 29d. DATE SIGNED (Month) Day, Year) BE IM > 9 LITTED CAUSE Of DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PE

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BALTIMORE, MARYLAND 21215-0020

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BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The term or the term of the confidence of the control of	TO THE FUNERAL DIRECTOR: After this certificate has men in more to be attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buna-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Desc. Again Mental Hygiene prior to bunal, cremation, or removal.	si examiner must be notified at once.	
DIVISION OF VITAL BECORDS, P.O. BOX 68760	death certificate be executed within and hours af	certificate has the name of the attending physician and completely filled in by the the State Desc. Orders of Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL BY	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law un	TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Describe	IMPORTANT: If Item 28 is marked, or Item 23 shi	

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
300.00	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM E.	, 111					Sep 27	n 994	YEAR	5:04 pm
	4. SOCIAL SECURITY NUMBER 214-12-8486 9a. FACILITY NAME (# not institution, give st	1 //// M 2 □ F	AGE (In yrs. last birthday) 75 YRS. IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS MIN. 7. DATE OF BIRTH (Month, Day, Year) 4-17-1919			th, Day, Year)			ryland	
OR	Saint Joseph Hospi	*			son, Mary				TY OF DEATH Baltimore	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		- 00	Y, TOWN OR LOCA					1	0d. INSIDE CITY LIMITS?
	Maryland Balt	imore		Luthervi	lle			40. 04717		YES 2 X NO
RA	27 Ridgefield	d Poad		10	21093					AT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried R Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER	2 NO	If yes, sp	ENDENT OF HISPA ecify Cuben, Mexica 2 NO Specify	an, Puerlo				- American Indian, White, atc. White
	15, DECEDENT'S EDUC	CATION	180. DECEDENT'S	USUAL OCCUPATION		188	. KIND OF BUS	INESS/INDL	JSTRY	***************************************
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of tille. Do NOT ut	work done during mo	st of working					
ME	17. FATHER'S NAME (First, Middle, Last)		Lencrar	кератт	18. MOTHER'S NA		& P T		one	co.
ö	The second secon	arce, Jr.			Carrie		asenka:	,		
BE (19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street of	and Number or Rural				Code)	
임	Mrs Margaret Ann	Pearce		As #10					,	
	20e. METHOD OF DISPOSITION 1 □ Burlel 2 ☑ Cremetion 3 □ Remo	oval from State COI	b. PLACE AND DATE of the control of	ther place)		DAT		ATION — C		yland 21204
	21. SIGNATURE OF FUNERAL SERVICE LICE		TITCOP 5	22. NAME AL	ND ADDRESS OF FA	CILITY				yland 21204
	► Wallace			1050	Towson F York Roa	ad. T	owson.	Md.	2120	4
N		a. SEPTIC SHOO	CK A CONSEQUENCE OF	F):		ch aa car	diac or reapir	atory arre	at,	Approximate interval Between Onest and Death less than 2.4 hours
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS /	A CONSEQUENCE OF	F):						
PHYSICIAN: MEDICAL	PART il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS.						24a. WAS AN / PERFORI 1 YES 2,	RMED? AVAILABLE PRIOR TO		WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
AN	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL	IBUTE TO CAUSE C			UNCERTAI	N 🗆				
C	EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	OTHER:						
¥	1 YES 2 NO	1 ☐ Inputient 2 ☐ ER/Out	patient 3 DOA 28b. TIM		e 5 🗆 Reeldence			ILIBY OCCI	IDEO	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1	RK? /ES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED				
TED	3 Suicide 8 Could not be 4 Homicide determined	City or Town State)								ite Number,
COMPLETED		CIAN: To the best of my known: R: On the beele of examination								nd menner es stated.
	296. SIGNATURE AND TITLE OF CENTIFIER	20			29c. LICENSE NUI					
TO BE	Treating !	· Dinge	2	n.0.	D16492		29d. DATE SIGNED Month, Day, Year)			27/994
	30. NAME AND ADDRESS OF PRESON WHO BEATRIZ P. DIZON,	M.D., ST. JO	SEPH HO	SPITAL, 7	620 YORK	ROA	D, TOW	SON, N	ND 21	204
	SFP2 9 1994	12 REGISTRAR'S SIGN								

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BALTIMORE, MARYLAND 21215-0020	death. Page 6 may be retained by the hospital or attending
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SEP 2 9 1994

Dr. Mills 31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Devoler Redall

Ö DIVISION OF VITAL RECORDS, P.O.

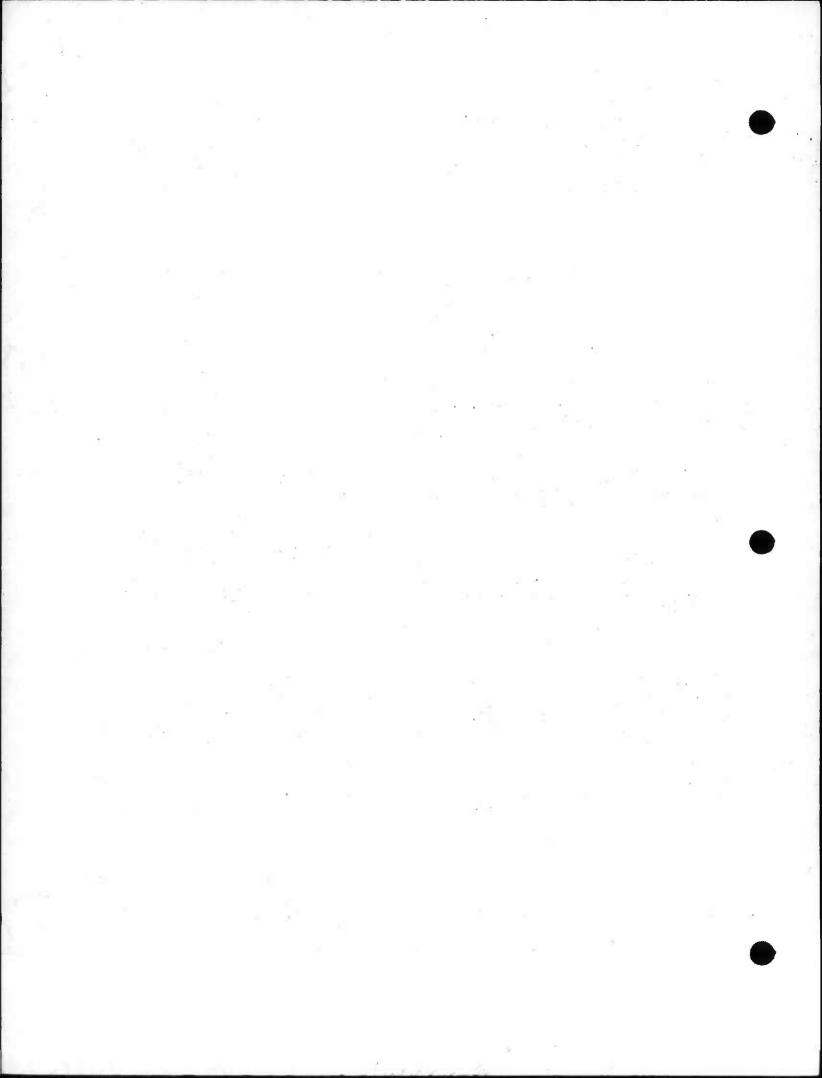
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be re	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5:	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH DAY YEAR LELA FRANCES ROBSON 9-20-94 6:30P4. SOCIAL SECURITY NUMBER 5. SEX 5. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 5 Mogth 3 1 19 2 4 257 26 9640 50 Georgia 1 M 2 X F 9a. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4305 Marble Hall Road A - 123Baltimore n a RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland na Baltimore 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4305 Marble Hall Road USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify: White BY 3 Wildowed: 4 Divorced ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL Secretary Legal 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 20a. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 4 Donation 5 Other (Specify) in state mova1 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ronald Wade, Dir State Anatomy Board 655W.BaltimoreSt,Balto,MD21201 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximete shock, or heert fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Fine) Onset end Death disease or condition resulting in deeth) Irrhoses of lears DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? PERFORMED? 1 TYES 2 NO shows 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: YES 2 NO OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) ö 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 26b. TIME OF INJURY 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ВУ Investigation 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER
(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)

9/23/94 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

5601 Loch RavenBlvd, RussellMorganBldg#502, Balto,

Maryland



BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should permit. hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-transit once. Ħ notified pe must examiner in by the funeral cremoval. the medical filled in by t cremation, n and completely to bunal, crematic other traumatic event, physician prior 0 The law requires that the death Mental Injury, the certificate has been signed by the State Dept. of Health and d, or Item 23 shows any In DR ATTENDING PHYSICIAN: this c is marked, DIRECTOR: After the hours after death with them 28 is mark

DIRECTOR

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CERTIFICATION

MEDICAL

PHYSICIAN:

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31. DATE FILEO (Month, Day, Year)

SEP 29 1994

TO THE HOSPITAL ITO THE FUNERAL IS BE filed within 72 h

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Rifkin 445 RIPKEN SARAH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 218-10-6801 1 M 2 XF 89 JUNE 9,1905 RUSSIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH PIKESVILLE NURSING HOME PIKESVILLE BALTIMORE 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MD. BALTIMORE 1 TYES ZXX NO 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7 SUDBROOK LANE U.S.A. 21208 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puarto Ricen, etc.) 14. RACE — American Indian, Black, Whife, atc. FORCES? 1 YES 2 1 Never Merried 2 Married 1 YES 2 NO Specify: SpecifyWHITE 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) BOOK KEEPER AUTO PARTS 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle Maiden Surname) **ISADORE** SCHONFELD **GERBER** ANNA 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MR. ARNOLD CHARLES RIFKIN 3913 CARTHAGE RD., RANDALLSTOWN , MD. 21133 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 1 Surial 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) HEBREW YOUNG MEN 09/26/94 BALTO., MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD. 21215 23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heert fallure. Liet only one cause on each line. Interval Between IMMEDIATE GAUSE (Finel Onset end Death CEREBRAC THROMBOSIS disease or condition resulting in death) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II Other significent conditions contributing to death but not reculting in the underlying ceuse givan in Pert I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? Lusuffice Ency OKONARU 1 TYES 2 THE OF DEATN? NSUFEICIENUS. 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL OTHER 1 TYES 2 N 1 Inpetient 2 ER/Outpetient 3 DOA Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural Pending 1 YES 2 NO Investigation 2 Accident 28a. PLACE OF INJURY — At home, ferm, atreet, fectory, offica building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a. CERTIFIER 1 DERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and pleca, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) end manner as steled. 290. SIGNATURE AND TITLE OF CERTIFIER 290 LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) lehan 587-32 26 neeu 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) ASNEEM 7220

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notitied at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

	* REGISTRAR		CERTIF	CALE	OF DEATH	REG	i. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	ATH DAY		3. TIME OF DEATH
	Sidney Snyder					09	24	1994	6:30 AM
	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRT	Н	8. BIRTHPI	LACE (State or Foreign
	213-09-9311	1X M 2 ☐ F	77 YRS.	MONTHS DAY	YS HOURS MIN.	(Month, Day,) 08	25 191	Country)	JMANIA
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b, CITY, TOV	WN OR LOCATION OF DE		-	NTY OF DEA	
œ	GREATER BALTIMON	RE MEDICAL	CENTER	TOWS				ALTIM	
띩	RESIDENCE OF DECEDENT								
Ĕ	10a. STATE 10b. COUNT			Y, TOWN OR LO	CATION			1	IOd. INSIDE CITY
DIRECTOR	MD. XXXXX	M BALTIMO	RE TO	VSON					LIMITS?
	10e. STREET AND NUMBER				101. ZIP CODE		10g, CIT		AT COUNTRY?
	8415 BELLONA LAN	NE, APT. 100	1		21204			U.S.A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED	13. WAS	DECENDENT OF HISPAN	HC ORIGIN? (Spec	Ify Yea or No	14 PACE	American Indian
	1 Never Married 2 Married	FORCES? 1 X	YES 2 NO	It yes	a, specify Cuban, Mexica	n, Puarto Rican, a			- American Indian, White, etc.
B	3 Widowed 4 Divorced	ARMY WW		''	YES ZX NO Specify	y:	11	Specify	WHITE
	15. DECEDENT'S EDU	CATION	18a. DECEOENT'S	USUAL OCCUP	PATION	16b, KIND (OF BUSINESS/IN	DUSTRY	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during se retired.)	g most of working				
립	6		TAILO	3		CI	OTHING		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	-			18. MOTHER'S NA	ME (First, Middle, A	feiden Surname)		
n l	HARRY SNYI	DER			KATI		CAPLAN		
m	19a. INFORMANT'S NAME (Type/Print)	-	19b. MAILING	ADDRESS (Str	eet and Number or Rural I	Route Number City	ov France States 75	n Code)	
2	MRS. EDITH SNYD	ER	8415	BELLON	VA LANE, AP	r.1001,7	OWSON,	MD. 2	1204
	20a. METHOD OF DISPOSITION				N(Name of 09/25)				
	1 Burial 2 Cremation 3 Ram 4 Donation # Other (5pecify)	oval from State	cemetery, cremetory or c	ther place	FICIAL CIRC		BALTO.		n, Stata
	21. BIGNATURE OF FUNERAL SERVICE LIK	distance 1811	DODROISKE		E AND ADDRESS OF FA		DALIU.	, L'IL) .	
- 1	. / 0 . / /	Fill	6 5	sol	llevinson	& bros.	,inc.		
	Hadrey LA	micha	m	601	lO Reister	stown Ro	.,Balto	o.,Md	. 21215
	28. PART I. Enter the diseases, or	complications that c	ausad tha death. Do	not antar tha	mode of dying, suci	h as cardiac or	reapiratory ar	rest,	Approximate
	shock, or heart failura. IMMEDIATE CAUSE (Final								Interval Batwean Onsat and Death
	disease or condition	Preumo	ma with	most	paple se	PSIS			Luk
	reaulting in death)	DUE TO (OF	MA WITH RAS A CONSEQUENCE O CACHLXIA RAS A CONSEQUENCE O	n:		000			1 00
-		severe	cachexia	hom	- probabl	e metzs	talic c	anch	la mo.
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OF	R AS A CONSEQUENCE O	F): 0					
۲ ا	cause. Entar UNDERLYING								
Ĭ	CAUSE (Disease or Injury that initiated evants	DUE TO (OF	R AS A CONSEQUENCE O	F):					
= "	resulting in death) LAST								
		d							
5		d							
5	PART II. Other algolificant condition	d	ath but not resulting	in the undari	ying cause given in		MS AN AUTOPSY ERFORMEO?		VERE AUTOPSY FINDINGS
5		a contributing to de	ath but not resulting	in the undari	lying cause given in	Р	AS AN AUTOPSY ERFORMEO?	1 6	WAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL CE	PART II. Other algolificant condition				lying cause given in	Р	ERFORMEO?	0	WAILABLE PRIOR TO
EDICAL CE					lying cause given in	1 D	ERFORMEO?	0	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EDICAL CE	PART II. Other algorificant condition DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE		DEATH		1 - 1	ERFORMEO?	0	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL CERTIFICATION	PART II. Other algorificant condition DID TOBACCO USE (CONTRIBUTE 1		DEATH 21 OTHER:	YES NO	ack only one)	ERFORMEO?	0	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL CE	PART II. Other algnificant condition DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	F/Outpetlant 3 DOA	DEATH 21 OTHER: 4 Nursing E OF 28c.	YES NO	ack only one)	ERFORMEO? YES 2 12/NO	1	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Y PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition DID TOBACCO USE (25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL:	F/Outpetlant 3 DOA	DEATH 21 OTHER: 4 Nursing 6	YES NO	eck only one)	ERFORMEO? YES 2 12/NO	1	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 Vinpatlant 2 El 28e. DATE OF IN. (Month, Day,	R/Outpetlant 3 DOA JURY 28b. Till IN.	DEATH 2: OTHER: 4 Nursing E OF 28c.	YES NO 8. PLACE OF DEATH (Che Home 5 Residence INJURY AT WORK? YES 2 NO	eck only one) S Other (Specific 28d. DESCRIBE 28t. LOCATION (:	ERFORMEO? (ES 2 MO Y) HOW INJURY OC	1 CURED	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY
BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Impatlent 2 El 28a. DATE OF IN. (Month, Day,	R/Outpetlant 3 DOA JURY 28b. Till IN.	DEATH 2: OTHER: 4 Nursing E OF 28c.	YES NO 8. PLACE OF DEATH (Che Home 5 Residence INJURY AT WORK? YES 2 NO	eck only one) S Other (Specification of the control of the contro	ERFORMEO? (ES 2 MO Y) HOW INJURY OC	1 CURED	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY
BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicida 8 Could not be determined	HOSPITAL: Winpetient 2 El 28a. DATE OF IN. (Month, Day, 28a. PLACE OF II building, etc.	R/Outpetlant 3 DOA JURY 28b. TIM IN. NJURY — At home, ferm, . (Specify)	DEATH 21 OTHER: 4 Nursing E OF URY M street, factory, (YES NO S. PLACE OF DEATH (Che Home 5 Residence INJURY AT WORK? YES 2 NO	eck only one) S Other (Special 28d. DESCRIBE 28t. LOCATION (City or Town,	Y) NOW INJURY OC Street and Number State)	CURED	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY
BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicida 8 Could not be determined 4 Homicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICAL CONDITION OF THE PHYSIC	HOSPITAL: Winpetient 2 El 28a. DATE OF In. (Month, Day, 28c. PLACE OF II building, etc	R/Outpetlant 3 DOA JURY 28b. TIM IN. NJURY — At home, ferm, . (Specify)	DEATH 21 OTHER: 4 Nursing E OF 28c. URTY M 1 street, factory, of	YES NO 8. PLACE OF DEATH (Che Home 5 Residence INJURY AT WORK? YES 2 NO offlice	eck only one) 5 Other (Special 28d, DESCRIBE 28t, LOCATION (City or Town, to the cause(a) ar	Y) HOW INJURY OC Street and Number State)	CURED Tror Rural Roll	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY YES 2 NO
BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicida 8 Could not be determined 4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Vinpatlant 2 Ei 28a. DATE OF IN. (Month, Day. 29a. PLACE OF II building, etc. CIAN: To the beat of my	R/Outpetlant 3 DOA JURY 28b. TIM IN. NJURY — At home, ferm, . (Specify)	DEATH 21 OTHER: 4 Nursing E OF 28c. URTY M 1 street, factory, of	YES NO 8. PLACE OF DEATH (Che Home 5 Residence INJURY AT WORK? YES 2 NO offlice	eck only one) 5 Other (Special 28d, DESCRIBE 28t, LOCATION (City or Town, to the cause(a) ar	Y) HOW INJURY OC Street and Number State)	CURED Tror Rural Roll	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY YES 2 NO
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	_	HEGISTRAH				CERTIF	ICALE	OF	DEAL	Н		REG. NO.			
		1. OECEDENT'S NAME (First,	, Middle, Last)								2. DATE O	F DEATH DA	ıγ	YEAR	3. TIME OF DEATH
		DOROTH		ONDON		VARTZ					SEPT	-	,199		8:30A M
		4. SOCIAL SECURITY NUME 217-05-368		S. SEX	l l	rs. last birthday) 34 YRS.	IF UNDER 1	YEAR DAYS	HOURS	24 HRS. MIN.		Day, Year)	1010	6. BIRTHP Country)	LACE (State or Foreign
should		9e. FACILITY NAME (If not in) c ‡	9b. CITY.	TOWN O	R LOCATIO	ON OF DE	JULY	10,	1910	NTY OF DE	MD.
en	CTOR	PIKESVILLE			R				VILLI				100	LTIMO	
2,5		RESIDENCE OF DEC				I in our							2011		
Pages	DIRE	MD.	IOD. COOM I	*			y, town or LTIMO		ION						IOd. INSIDE CITY LIMITS?
permit.		10e. STREET AND NUMBER				DA.	LITINO		ZIP CODE				10g. CITI		YES 2 NO
sit	ERAL	3615 FORDS	LANE,	APT.607					212	15				U.S.	
020 physician. burial-transit	FUN	11. MARITAL STATUS 1 Never Merried 2	Want of	12. WAS DECEDEN					ENDENT O	F HISPAN	IIC ORIGIN?		or No-	14. RACE -	- American Indian, White, etc.
	ВУ	3 Widowed 4 Divo		IF YES, GIVE V					2 X NO					Specify	
215-0 attending use as the	ED		EDENT'S EDU		18	e. DECEDENT'S	USUAL OCC	CUPATIO	ON .		16b. K	IND OF BUS	INESS/IND	USTRY	
5 5 5	ᇤ	Elementary/Secondary (0	y highest grade 1-12)	College (1-4 or 5	+)	(Give kind of a life. Do NOT us	work done du se retired.)	iring mos	st of working	g					
AND he hospital detached fo	COMPL	12				SALES	LADY					HECHT		PANY	
YLA by the be deti	- 1	17. FATNER'S NAME (First, M JACOB	LOND	זאר					18. MOTH		ME (First, Mic		,		
MARN retained to 5 should notified	BE (19s. INFORMANT'S NAME (7				19b. MAILING	ADDRESS	Street er	nd Number	FAND or Rural R			LER	Code)	
	일	MRS. HARRIE	ET SCHI	LEIN		1					NGS M				
- 5 S		20e. METHOD OF DISPOSITI	ION on 3 🗆 Rem	oval trom State	20b. PL	ACE AND DATE	OF DISPOSIT	ION (Na			/94 ^{PATE}			City or Tow	n, State
ACT		4 Donetion S Other		-Funcial	BET	H YEHUI	DA-ANS		KURI	AND	CONG	BA	OLJ	MD.	
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urs re		23. PART i. Entar tha di shock, or h	aart fallura.	complications the List only one cau	it causad thuse on aach	ia daath. Do r i lina.	not antar t	ha moi	de of dyle	ng, such	h aa cardia	c or raspi	ratory arr	est,	Approximata interval Between
e ille		IMMEDIATE CAUSE (Findisease or condition	nai	00	7	time	No.	o. 6	/ 1		1.	2			Onset and Daath
ted with completely fill ial, cremation, event, the		resulting in death)		a. DUE TO	WR AS A CO	ONSEQUENCE O	F):	ur	0	a	cup				
executed with and complete to burial, crem	Z	Sequantially list conditi		b											
or star	RTIFICATION	if any, leading to imme- cause. Enter UNDERLYI	diata	DUE TO	(OR AS A CO	ONSEQUENCE O	F):								
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eath certi	F	resulting in death) LAS	Т	d											
the death the atter the atter d Mental	L CEI	PART II Other significe	nt condition	s contributing to	death but i	not rasulting	In the und	ariving	Causa o	Ivan in I	Part I. 2	4a. WAS AN	AUTOPSV	24h 1	VERE AUTOPSY FINDINGS
로 라스 등 도	EDICAL	amh	do					,3	,			PERFOR	MED?	1	WAILABLE PRIOR TO COMPLETION OF CAUSE
s eaf	MED										_ '	YES 2	□ NO		OF DEATH?
AL KE e law requi has been s Dept. of H	AN: N	DID TOBACCO	O USE	CONTRIBUTE	TO C	AUSE OF	DEATH	1 Y	ES 🔲	NO	0				
N: The law licate has State Dept	SICIA	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:	26. PL	ACE OF DE	EATH (Che	ock only one)	= 77			
SICIAN: The Certificate the State	IYSI	1 VES 2 NO		1 - Inpatient 2			4 Nursir			sidence	6 🗆 Other (
를 돌 를 살	PHY	1 Netural 5	Pending	28e. DATE OF (Month, D		26b. TIM	URY M	WOI		l MO	26d. DESC	RIBE NOW II	NJURY OCC	CURED	
After death	р ву	2 Suitalda	Investigation Could not be	28e. PLACE C	F INJURY —	At homs, fsrm,	street, factor			, 10	28f. LOCAT	ION (Street a	nd Number	or Rural Ro	ute Number,
OR ATTEN OIRECTOR: hours after	쁘		determined	buliding,	etc. (Specify)							Town, State)			
R OIR	PLE	29s. CERTIFIER	IFYING PNYS	CIAN: To the best of	my knowledg	ge, death occum	ed at the tim	ne, dats	and place,	end dus	to the ceuse	(s) and man	ner ee stat	ed.	
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	COM														and menner as stated.
TO THE HOSPIT TO THE FUNER De filed within I	ш	296. SIGNATEDE AND TITLE	OF CENTIFIE				-		29c. LICE	NSE NUM	IBER		29d. DATI	E SIGNED (Month, Day, Year)
DE DE TIME	0 8	Marol	175	Sur					Di	158	72		19	25	-94
'		30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATN	(ITEM 27) (Typo,	Print)	5/	1	Ro) , L -		200	10	299 (201
		31. DATE FILED MAGRITA, DRIV.	USG	A. 32. Blasso	PIEST MILE	AEU.	170	7 11	رور	17 14	4	wat	0 1-11		1 201
		SEP2 9"	1994	Japan William	DEN LAND	A. I									

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

HOSPITAL OR ATTEND

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JING THISTORY. THE IAW REQUIRES WALL THE DEALTH OF LINES OF EXECUTED WITH THE DEALT. FACE OF THAY DE PRIMITION OF TREMPTORY OF ARTENDANCIAN.	funeral	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Elizabeth Smith Sept. 1994 9:55 A M 4. SOCIAL SECURITY NUMBER 5. SEX a. AGE (In yrs. last birthday 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. DAYS 1 M 2 DF 5-27-FUNERAL DIRECTOR 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY 1 TES 2 NO 700C 101. ZIP CODE 10g CITIZEN OF WHAT COUNTRY? 00 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian 2 Married Never Married IF YES, GIVE WAR OR DATES BY ved 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Mid®p, Last) 18 MOTHER'S NAME (First BE 19a. INFORMANT'S NAME (Type/Print) 19h MAILING ADDRESS (SW 2 20a. METHOD OF DISPOSITION

1 Burtel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 05 23. PARTA. Enter the cheases, or of implications that coused the deeth. Do not enter the mode of dying, such Approximate eart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onsat and Daath disease or condition Metastatic Lung Cancer reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Breast Cancer CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL 1 TYES 2 NO OF DEATH? 1 TYES ZT NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO T 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 Ainpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending Investigation t YES 2 NO BY 2 Accident PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) TO THE HOSPITAL OR ATTENDI TO THE FUNERAL DIRECTOR: A be filed within 72 hours after d IMPORTANT: If item 28 is 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D31865 9-26-94 2

Mien-Door Kioune, M.D. c/o Maryland General Hospital

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

DHMH-18 Rev 1/89

SEED BOOK SEEDS OF THE

OHMH-16 Rev 1/69

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the floath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	ricoloTron				OLIT!	HIVE	CIE OF	DEA		REG	NO.		
	1. DECEDENT'S NAME (First,	Middle, Last) MARY	SMETON							2. DATE OF DEATMONTH Sept.	тн 27	1954	3. TIME OF DEATH 9:35 p. M
- 1	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE //n	yrs. last birth	riev) IE II	MDER 1 YEAR	IF UNDER	24 MBC	7. DATE OF BIRT	4		IPLACE (State or Foreign
	213-74-2875		1 🗆 M 2 💢 F		99 YF	MONT	1	HOURS	MIN.	Aug. 5	1895	Mary	land
	9a. FACILITY NAME (If not in:					96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					EATH		
8	Good Sama	ritan	Hospital				Ва	1timo	ore				
5	RESIDENCE OF DEC												
뿐	10a. STATE	10b. COUNTY			10c		WN OR LOCA						10d. INSIDE CITY LIMITS?
<u>a</u>	Maryland	Balti	more			Ba	1timo	re					1 YES 2 NO
A	10e. STREET AND NUMBER					-	10	r. ZIP COD	E		10g. C	TIZEN OF	WHAT COUNTRY?
E	871	O Emge	Rd.					2	21234			U.S.A	1
FUNERAL DIRECTOR	11. MARITAL STATUS		12. WAS DECEDEN				13. WAS DE	CENDENT C	OF HISPANI	C ORIGIN? (Speci	y Yes or No-	_	E — American Indian, k, White, atc.
	1 Naver Married 2	U De U CO	FORCES? 1 IF YES, GIVE W	AR OR DATE	2 (XINO ES	- 1	If yea, s	pecify Cubs	n, Maxican Specify:	, Puarto Rican, at	1.)	Spec	the:
BY	3XXWidowed 4 Divo	ced						AA					White.
COMPLETED	15. DECI (Specify only	DENT'S EDUC	CATION completed)	1	8a. DECEDE	NT'S USUA	AL OCCUPAT	ION	200	16b. KIND O	BUSINESS/II	NDUSTRY	
	Elamentary/Secondary (0		College (1-4 or 5 +		life. Do N	OT use retir	19d.)	OST OF WORK	''y				
를	6				House	wife							
Ö	17. FATHER'S NAME (First, Mi							18. MOT	HER'S NAM	NE (First, Middle, M	siden Surname))	
BE (John Kr	ug						C	unigu	unda Da	rmstad	lt	
	19a. INFORMANT'S NAME (7)				19b. MAI	LING ADDI	RESS (Street	and Number	or Aural A	oute Number, City of	r Town, State, 2	Zip Code)	
임	Mr. Paul S.	Smetor	ı		47	Theo	La.	Tows	on Ma	aryland	21204		
- 1	20a. METHOD OF DISPOSITI			20b. P	LACE AND D				,	7	c. LOCATION -	- City or To	own, Stata
	XX Burtal 2 Crematio 4 Donation 5 Other	n 3 🗆 Rame (Specify)	oval from State						1				Maryland
	21. SIGNATURE OF FUNERAL		ENSEE	11100	JC 1101	Ly IVE	22. NAME /	IND ADDRE	SS OF FAC	SILITY		lore,	Maryland
ŀ	Mitchell-Wiedefeld Home												
										d. 21212			
	23. PART i. Enter the di ahock, pr he iMMEDIATE CAUSE (Fin disease or condition	art fallura.	List Dnly Dna Caru	se Dn aac	th Ilna.			oda of dy	ing, such	as cardiac pr	respiratory a	erreat,	Approximata Intarval Between Onset and Death
1	resulting in death)	,	n. My (OCArd (OR AS A C	ial CONSEQUENC	Infai E OF):	rct						5 days
N	Sequentially list conditi	000	D	neumo									10 days
EDICAL CERTIFICATION	If any, laading to immed cause. Entar UNDERLY!	liata			ONSEDUENC	,	T . 1						
5	CAUSE (Disesse or inju				ive H		Faili	ıre					5 days
Ē	that initiated eventa resulting in death) LAS		502 10	(ON AS A C	ONSEODEM	E OF):							
與 1	New York Control of the Control of t		1		-								
اي	PART II. Other significa	nt condition	s contributing to	daath but	not raault	ing in the	e underlylr	ng causa s	givan in F	Part I, 24a. W	S AN AUTOPS	Y 24b	. WERE AUTOPSY FINDINGS
<u>১</u> ∥										PE	RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
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AN	25. WAS CASE REFERRED TO		- TINIBUIL	,,,,,	OJE (J. DE							
PHYSICIAN:	EXAMINER?	MEDICAL	HOSPITAL:	tax-			HER:	_		ck only one)			
Σ	1 YES 2 NO		12 Inpatient 2							Other (Specify	-		
		Pending	28a. DATE OF (Month, De		28b.	INJURY	W	JURY AT ORK?		26d. DEŞCRIBE H	OW INJURY O	CCURED	
À	a nationality	nvestigation	200 BLACE O	F IN II IPM	***			YES 2					
요Ⅱ		Could not be letarmined	28a. PLACE Of building,	etc. (Specify,	At home, ta	rm, strset,	factory, offi		- 1	281. LOCATION (S City or Town,	treet and Numb State)	er or Rural I	Route Number,
COMPLETE	aa- ocerticise												
린			CIAN: To the best of										
ő	2 MEDI	CAL EXAMINE	R: On the basis of a	amination a	ind/or Investi	gation, in i	my opinion,	death occur	red at the t	ime, data and plac	a, and dua to	the cause(a	a) and menner as stated.
	29b. SIGNATURE AND TITLE					_		29c. LICI	ENSE NUMI	BER	29d. D/	TE SIGNED	(Month, Day, Year)
H H		ena	Sayes					D-0	07618	3	•		
2	30. NAME AND ADDRESS OF	PERSON WH	COMPLETED CADS	E OF DEAT	H (ITEM 27)	Type, Print)			J. OI				
ł	Len	a Saye	egh 56	01 14	och Ra	man	R1 and						
	31. DATE FILED (Month, Day, 1	(bar)	32. REGISTRA	R'S SIGNATI	URE	VEII	DIVU.						
	SEP2 9 199	14 Fu	hi Dhucker	Rarda	Ц								

SEPT OF THE SEPTEMBER O

In The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should State Dept. of Health and Merital Hyglene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

ITAL RECORDS, P.O. BOX 68760,

DIVISI

TO THE HOSPITAL OF ATTERNIOR THE LAW THE ISW requires that the death certificate be executed within flours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. The contract has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 force after death. State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

٠	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) HOWARD		YDER, SR.			2. DATE OF DEATH DATE OF PARTY)4 YEA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 705-10-6545	1XX M 2 □ F 90	YRS.	F UNDER 1 YEAR DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month Day, Year) 12-14-19(03 9	HATHPLACE (State or Foreign Maryland
TOR	98. FACILITY NAME (If not institution, give s Harbor Hospital RESIDENCE OF DECEDENT				ore City		9c. COUNTY O)F DEATH
DIRECTOR	10a. STATE 10b. COUNT	e Arundel		rown or Locat		-		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 623 Cleveland			10f.	21090		10g. CITIZEN C	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 1 NO	If yes, spe		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	B	RACE — American Indian, Black, White, etc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8th Grade	CATION o completed) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n Barge	k done during mos etired.)	N st of working	Westerr	SINESS/INDUSTR	
BE CON	17. FATHER'S NAME (First, Middle, Last) Frank H.	Snyder				ME (First, Middle, Meiden Louise Ma	Surname)	
TO B	198. INFORMANT'S NAME (Type/Print) Ms. Mary Hall		19b. MAILING AS 623 C	DERESS (Street at 1 eve 1 an	d Rd., L	inthicum,	n, State, Zip Code Md . 2]	1090
	20e. METHOD OF DISPOSITION X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	novel from State cerr	PLACE AND DATE OF 1 Detects, cremetory or other GIEN Have	n Memor	ial Pk.	9/30/94 G1	cation – city o en Burr	nie, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	Kevin E.		McCul 237 E	. Pataps	co Ave., B	Balto.,	lyn Md. 21225
	IMMEDIATE CAUSE (Finel	List only one cause on e	ach line.		de of dying, suc	h ss cerdlec or respi	ratory arreat,	Approximate Interval Between Onset end Death
	reaulting in death)	DUE TO (OR AS A						30005
CERTIFICATION	If any, leading to immediate	a Lon - Turn	CONSEQUENCE OF):		- Decity	jes mele	(CV)	340
AL CER	PART II. Other significent condition	d	ut not resulting in	the underlying	cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA						PERFOR	IMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
IXSI	1 YES 2 NO	1 Inpatient 2 NER/Outp	etlent 3 DOA 4	☐ Nursing Home		8 Other (Specify)		
BY PI	1 Nstural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME C	Y WOI		28d. DESCRIBE HOW II	NJURY OCCURED	ь
	3 Suicide a Could not be determined	28a. PLACE OF INJURY building, atc. (Spec	At home, farm, stre	et, factory, office		281. LOCATION (Street a City or Town, State)	and Number or Ru	irel Route Number,
COMPLETED		ICIAN: To the best of my know ER: On the bests of exemination						se(a) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIED	R			29c. LICENSE NUN	IBER	29d, DATE SIGI	NED (Month, Day, Year)
10 B	Brevil. Dart	y ws			D 39466	20	1 q.	27/94
	Robert Durt 70	O COMPLETED CAUSE OF DE	tue. Ba	ltimor	e w	D 212	30	
	SEP2 9 1994	32. REGISTRAR'S SIGN	ATURE					

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

												9	1,	28604	
•	FOR STATE REGISTRAR		STATE OF MA		DEPARTI					MENTAL	HYGIEN REG. NO	E			
	1. DECEDENT'S NAME (First	Middle, Last)	}							2. DATE O			YEAR 94	3. TIME OF DEATH 2:15 A	м
	222 - 38-5	5578 1	□ M 2 💢 F	s. AGE (In yrs. Ia 42		IF UNDER 1	YEAR DAYS	IF UNDE	R 24 HRS. MIN.		F BIRTH Day, Year) 03 - 5	2	8. BIRTH Country PA	PLACE (State or Foreign y)	
TOR	9a. FACILITY NAME (If not ins Tolk Lopkin RESIDENCE OF DECI	· Bayvie	ew Medica	Cate	•	вь. СІТУ,	1	P LOCAT	ION OF DI	EATH		- 0	NTY OF DI	EATH	
DIRECTOR		10b. COUNTY Harfo	ord		Abe	rdee		ION						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	423 Oak Street	eet					10f	210				10g. CIT		S. A.	
à l	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divor	Married	2. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2		l jt	V05, 504	endent city Cubi 2 X NO	in. Mexico	NIC ORIGIN? in, Puerto Ri y:	(Specify Yes	or No—	14. RACE Black Spech	- American Indien, i, White, atc.	
COMPLETED	(Specify only Elementary/Secondary (0- 12th Grade		ION npleted) College (1-4 or 5+)	life	ECEDENT'S US Give kind of wood a. Do NOT use Dunter	rk done di retired.)	uring mo	ON st of worki	ing		Fast			vice	
BE CO	17. FATHER'S NAME (First, Mic Roy Rush							Ru	th I	ME (First, Mi					
٥	Mrs. Elaine	Rush		19	b. MAILING A							n, State, Zip .9703			
	20a. METHOD OF DISPOSITIO 1 Burlel 2X Cremetion 4 Donation 5 Dother (Specify)		20b. PLACE cemetery, cr. Meti	ANDDATEOF	matc	ry,	Inc.		DATE	Ba1	cation – .timo:	re, l		
	21. SIGNATURE OF THE AND ADDRESS OF ACILITY OF Md., In George E. MacNabb 299 Frederick Rd. Balto.,									Inc.	. 21228				
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. iMMEDIATE CAUSE (Final disease or condition resulting in death) a. MAI								Approximata Interval Betwee Onset and Das						
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): WAS TING DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
PHYSICIAN: MEDICAL C	PART ii. Other significar	nt conditions c	ontributing to d	eath but not	reaulting in	the unc	deriying) cause	given in		24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	-
Z	DID TOBACCO		NTRIBUTE	TO CAU	SE OF	DEAT	H Y	ES [] NC					1 YES 2 NO	
/SICI/	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	Н	OSPITAL:	ER/Outpetient :		OTHER Wurst		-		8 C Other					
ВУ РН	27. MANNEY OF DEATH 1 P Netural 5 P 2 Accident	Pending Investigation	28a. DATE OF III (Month, Day	Year)	28b. TIME	RY M	1 🗆 1	RK? /ES 2 [□ NO	28d. DEŞC	RIBE HOW I	NJURY OC	CURED		
a	4 Homicide	could not be letermined	28s. PLACE OF building, et	c. (Specify)						City or	Town, State)			loute Number,	
COMPLET			N: To the beat of m On the basis of exa) end manner ea stated.	
O BE C	29b. SIGNATURE AND TITLE	OP DERTUTES	rede	W	5			29c. LIC	ENSE NUI	MBER 23	18	29d. DAT	E SIGNED	(Month, Day, Year)	

EATH	l Y	ES	NO	

!4b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	1 YES 2 NO

25. WAS CASE REFE EXAMINER? 1 YES 2 D		HOSPITAL: 1 Inpatient 2 ER/Outpatient :	OTHE	26. PLACE OF DEATH (CI	
27. MANNER OF DEA	5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCURED
3 Sulcide 4 Homicide	S Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, term, street, fee	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

90. CERTIFIER	4 1000	PRIPARIO BUILDIANA CALL	
Chack anh	1 m C	ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(a) and manner ea st	he ter
(Creck Orly	_	, and the constant of t	ateu.
one)			

2	MEDICAL EXAMINER:	On the basis of	examination end/o	r Investigation, in n	ny opinion, des	th occured at	the time, date	e and place,	and due to the	cause(s) end mar	nner ea stated.

b. SIGNATURE AND TITLE OF DERTIFIE	1	 29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

OF DEATH (ITEM 27) (Type, Print)

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BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It fem 28 is marked, or litem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DA	YEA	3. TIME OF DEATH	
	Velma L. Schappell 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In ure last birthday)				Sept. 20	6. 1994	8:55 AM M	
1 1	219 • 30 • 1432	5. SEX 6. AGE (1)		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07/04/19	8. BI	RTNPLACE (State or Foreign puntry)	
	9a. FACILITY NAME (If not institution, give	1 70		2. CITY, TOWN OR LOCATION OF D		916 Pennsylvania		
E C				Rising Sun		Cecil		
ا <u>تا</u>	1 Spring House Court RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100			OWN OR LOCATION		10d. INSIDE CITY		
DIRECTOR	Maryland Cecil			Ris	ing Sun	LIMITS?		
	10e, STREET AND NUMBER			101. ZIP CODE			OF WHAT COUNTRY?	
FUNERAL	1 Spring House			21	911	United States		
5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	13. WAS DECENDENT OF HISPA It yes, specify Cuban, Mexic	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.)	or No — 14. R	or No — 14. RACE — American Indian, Black, White, atc.		
BY	3 € Widowed 4 □ Divorced	IF YES, GIVE WAR OR DA	ITES	1 YES 2 XNO Speci	y :	S	pocity: White	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION le completed)	18e. DECEDENT'S US	done during most of working	16b. KIND OF BUS	SINESS/INDUSTR		
J.E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)	Coate	Daahuah		
OM	12th Grade 17. FATNER'S NAME (First, Middle, Last)		creau i	nvestagator	Sears 1			
ш	Roy Victor Klec	.kner			L. Croll	ouriente)		
10 B	19a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number or Rural				
-	Melvin E. Schap			Old North Poin				
	20a, METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ran 4 ☐ Donation 5 ☐ Other (Specify)	noval from State 20b.	PLACE AND DATE OF E	nisposition (Name of Mem. Park 9/29	DATE 20c. LOC	ddlo Di	r Town, State	
	21. SIGNATURE OF TUNERAL SERVICE LI	ICENSEE	acy mac	22. NAME AND ADDRESS OF FA	CILITY			
	1 reda	E Lean	_	Duda-Ruck Fu				
	23. PART I. Enter the siseasee, or	complications that caused	the death. Do not	7922 Wise Av	h as cardiac or reapi	ratory arreat,	Approximata	
	IMMEDIATE CAUSE (Final	List only one cause on ea					Interval Between Onset and Death	
	disease or condition resulting in deeth)	· (netostot)		v (encol			6415	
_	DUE TO (OR AS A CONSEQUENCE OF): Lym phomx b. Lym phomx							
2	fue to (ph as a consequence of):							
ICA	ceuse. Enter UNDERLYING CAUSE (Disease or injury	C	2011050151105					
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OH AS A	CONSEQUENCE OF):					
	PART II. Other eignificant condition	ne contributing to death by	d mat reculation to a					
CAL	TANT II. Other eignineant condition	ns contributing to death bi	of not resulting in t	ne underlying cause givan in	Pert i. 24a. WAS AN A		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC					1 TES 2	□ NO	DF DEATH?	
N.	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YES	□ NO □ UNCERTAI	N		1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	8. PLACE OF DEATH	Check only one) THER:				
HYS	1 YES 2 NO	1 □ Inpatient 2 □ ER/Output 28a. DATE OF INJURY		Nursing Nome 5 - Residence				
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK? M 1 YES 2 NO	28d. DESCRIBE NOW IN	AJURY OCCURED	' I	
ED BY	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Speci	— At home, term, stree	et, tectory, office	28t. LOCATION (Street a City or Town, State)	nd Number or Rui	Rurel Route Number,	
ETE	4 Homicide determined	5555555555			Sily of Town, Clase,			
COMPLET				the time, date end piece, and due				
BE (Am lelle	finde	1	29c. LICENSE NU	MBER S	≥9d. DATE BIOM	TO (Month King)	
유	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DEA	TN (TEM 27) (Type, Pri	") O \ \	11	1	1037	
	31 DATE FILED (MONTH DON' WANT	, 4000 Far	NEIN	JR W	DALTIM	1 se	2/25/	
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BALTIMORE, MARYLAND 21215-0020

RECORDS, P.O. BOX 68760,

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permit. burial-transit Page 6 may be retained by the hospital or attending physician. page 5 should be detached for use as the be notified at must The areanding physician and completely filled in by the funeral director, Mertal Hygiene prior to burial, cremation, or removal. medical examiner the executed within event, other traumatic the death certificate be 6 injury. E B M A signe shows 2 The I this certificate ? 6 marked. After 1 death .12 DIRECTOR: hours after 28 Hell FUNERAL within 72.1 =

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Pages 1, 2,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 3. TIME OF DEATH ,JR. HUPPNER 20 0 5. SEX RAST I RIGHT N IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS DEC. 8,1926 MARYLAND LITY NA 9b. CITY OR LOCATION OF 9c. COUNTY OF DEATH BALTIMORE RESIDENCE OF DE CEDENT HE CITY, TOWN OR LOCATION 10d. INSIDE CITY ZUSON 1 TYES 2 NO 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY! USA 20 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 | YES 2 | NO Specify: FORCES? LIVE YES 2 NO IF YES, GIVE WAN OR DATES 1 Nover Married 2 1 3 Widowed 4 Divorced WHITE WW II IS. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done the Do NOT use retired.) at of working Elementary/Secondary (0-12) College (1-4 or 5 +) MECHANICAL ENG. AMSTAR CORP. 17. FATHER'S NAME (First, Mickelle, Lest) 18. MOTHER'S NAME (First, Mickelle, Maiden St. WILLIAM GEORGE SCHUPPNER, SR. EDITH SMITH 19s. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Forel Route Number, City or Town, State, Zip Code) EDWINA SCHUPPNER 1613 JEFFERS ROAD TOWSON, MD. 21204 20s, METHOD OF DISPOSITION

XX Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State DULANEY VALLEY CEM. 4 Donation 5 Other (Specify) 9/30/94 TOWSON, MD. JOHN E. DOLAN 22, NAME AND ADDRESS OF FACILITY Valor RUCK TOWSON FUNERAL HOME INC. 1050 YORK ROAD TOWSON, MD. 21204 23. RAPT I. Enter the diseases, or complications that caused the death. Do one enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 19 TES 2 1 NO THEYES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO npetient 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Home 5 ☐ Rasidence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending м 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, larm, street, factory, offica building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. vestigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. TITLE OF CEN LICENSE 29d. DATE SIGNED (Month, Day 23 94 27

> VETED CAUSE OF DEATH (ITEM 27) (Print) EIMI 32. REGISTRAR'S SIGNATURE

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	-
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or attending physician. ruse as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEP CERT	PARTMENT OF		MENTAL HYGIEN		
	1. DECEOENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	LUTHEX	2 TOUNSE	=ND		MONTH E	YEAR OLL	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthd	fey) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	77	1 6.11 At "
	020 - 2000	1 M 2 F / 3 YR	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cou	ITHPLACE (State or Foreign intry)
	0130 10				13-19-	31 No	th CARoline
	90. FACILITY NAME (If not institution, give street	it and number)	9b. CITY, TOWN	OR LOCATION OF D	EATH AT	9c. COUNTY OF	DEATH
Ö	University	1405P.	15A	Timore	Cilu	1	
DIRECTOR	AESIDENCE OF DECEDENT				1		
Œ	Standard / India county	106.	CITY TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?
	Mimyland		011150	nore			1 YES 2 NO
M	100. STREET (NO NUMBER	+	4	01. ZIP CODE		10g. CITIZEN O	WHAT COUNTRY?
<u> </u>	1404 DAYA!	090 2Trees		2122	3	U.	Sitt.
FUNERAL	11. MARITAL STATUS 1	2. MAS DECEDENT EVER IN U.S. ARMED	13. WAS DE	CENOENT OF HISPAI	NIC ORIGIN? (Specify Ye	e or No.— 14. RA	CE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES 2 MO		S 2 10 Specific	nn, Puarto Rican, atc.)		eck, Whita, atc.
₽	3 Widowed 4 Divorced					1/3	SIACK
ETED	15. DECEOENT'S EDUCAT (Specify only highest grade co		T'S USUAL OCCUPAT of work done during n	ION	18b. KIND OF BU	SINESS/INOUSTRY	
Щ			OT use retired.)				
COMPL		(/));	SAbili	14			
δ	17. FATHER'S NAME (First, Middle, Lagt)			8. MOTHER'S NA	ME (First, Mjddle, Maidgh	Sumame)	,
_	Tom Tour	nsend		SA	rah In	111050	nd
8	19a. INFORMANT;S NAME (Type/Print)	19b. MAII	LINO ADDRESS (Street	and Number or Rural	Route Number, City or Tov	vn State 7in Code)	
임	The Johnie 1	4.77	n Ahha	1+	T+ Bn1	1	G 10 12 01
	20a. METHOD OF DISPOSITION	1 Allerson 150	ATE OF DISPOSITION (5/070 >	21 12/11/	1000161	Mdddalx
	1 Deurial 2 Cremation 3 Remova	of from State		vame of	PATE 20c. LC	CATION — City or	Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	ASSE	2100	(en	1/1/0	17/10/	of mo.
	21. SIGNAL OF PONEMAL SERVICE LICEN	th A	22 NAME :	AND ADDRESS OF FA	USS FUN	VETAL 1	Home
	Toseale	L. Kless	22	22/11. 11	in the Au	o Bal	* Smysisia
	23. PART L Enter the diseases, or con	nplications that caused the death.	Do not enter tha m	ode of dying, suc	ch as cerdiac or raep	iratory arrest.	Approximete
	shock, or heart failura. Lia	at only one causa on each line.					intervei Between
ı	IMMEDIATE CAUSE (Final disease or condition	1-(000)-0-15	CDD -12	100 04	Irm do	1 100	Onset and Daath
H	resulting in death)	LYMPHANGINC OUE TO FOR AS A CONSEQUENCE	SYKEATI	OF CAM	NCFIC 10	LUNG	MONTHS
_		TO TO TOURS A CONSEQUENCE	.L 01).				
5	Sequantially list conditions, b	OUE TO (OR AS A CONSEQUENCE	F OF				
4	if any, laeding to immedieta cause. Entar UNDERLYING	33 1,24					
RTIFICATION	CAUSE (Disease or injury that initiated avents	DUE TO (OR AS A CONSEQUENCE	F OFI:				
	resulting in death) LAST	0 t= 0 = 1	CASICI	=0 (METASTA		12/2000
IJ.	d	No CITIC	Cillac	-12	METASTA	110)	YEITH
AL	PART II. Other significant conditions of	contributing to death but not resulti	ng in the underlyi	ng ceuaa givan in			4b. WERE AUTOPSY FINDINGS
					PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 _ YES :	XANO	DF DEATH?
Σ	DID TORACCO LISE CONTRIL	OLITE TO CALLEE OF DEATH	VEC D NO I	7			1 TYES 2 NO
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIE				N 🔲 📗		
₫ [25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	OTHER:)			
2	1 VES 2 NO			me 5 🗆 Residenca	6 Other (Specify)		
Ŧ	27. MANNER OF DEATH 1 Satural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 28b.	TIME OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCURED	
à	1 Agricul 5 Pending Investigation		M 1 🗆	YES 2 NO			
	3 Suicide 8 Could not be	28a. PLACE OF INJURY — At home, ter building, etc. (Specify)	rm, atreat, tectory, off	ce	28f. LOCATION (Street City or Town, State	and Number or Rure	I Route Number,
-	4 Homicide determined				ony or rown, orale,		
ן ל	29a. CERTIFIER (Check only	N: To the best of my knowledge, death occ	curred at the time, dar	a and place, end due	to the cause(s) and me	nner se steted	
Ē							at and menner as stated
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.							
۱ ا	296. SIGNATURE AND TITLE OF CERTIFIER	7:00		29c. LICENSE NUI	MBER	29d. DATE SIGNI	ED (Month, Day, Year)
2	ruen W	esw				PUTA	197
	30. NAME AND ADDRESS OF PERSON WHO C	01. 1 0 115		002	Ш-	41 5	
	dd S, Green		more,	MD	HELEN	NIIS	107
	SEP2 9 1994	32 RESISTRARIS SIGNATURE	IL.				
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TO BE COMPLETED BY FUNERAL DIRECTOR

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
1. DECEDENT'S NAME (First, Middle, Last)						E OF DEATH			TIME OF DEATH
Irene Torf	SEX 6. AGE (In					pt. 2	5,199	-	205 PH
011-28-8107	□ M 2X F 86	MON	UNDER 1 YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mon J U	of Burth th, Day, Year) Ine 17	1908	Country) SWE	ce (State or Foreign eden
90. FACILITY NAME (If not institution, give street Meridian Spa Ci		9b.		R LOCATION OF DI	EATH		9c. COUNTY A . A .	OF DEATH	1
RESIDENCE OF DECEDENT									
MA. Suffol	lk		OKLICAT						I, INSIDE CITY LIMITS?
10. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF WHAT COUNTRY?									
	WAS DECEDENT EVER IN	II S ARMED	12 WAS DEC	ENDENT OF HISPAI		IND /Parally Van	US		
1 Norma Manufact 2 Named at	FORCES? 1 YES	2 NO	If yes, spe	cify Cuben, Mexica	en, Puerto	Ricen, etc.)	or No- 14.	Black, Wi	
3. Wildowed 4 Divorced				2 NO Specif					White
15. DECEDENT'S EDUCATION (Specify only highest grade com-	pleted)	(Give kind of work of the Do NOT use reti	done during mos		16	b. KIND OF BUS	INESS/INDUS	TRY	
Elementary/Secondary (0-12) C	ollege (1-4 or 5+)	Housew			H	Iouseh	old		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First,	Middle, Maiden S	iumame)		
Jacob	Freed	lman		Alta	Bre	een			
190. INFORMANT'S NAME (Type/Print) Arthur S. Torf		196. MAILING ADD	t. No	Pt. Di	Route Num	nber, City or Town	State, Zip Co Md 2	2140	1
20e. METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 Removal	from State 20b. F	PLACE AND DATE OF DI- tery, crematory or other p	SPOSITION (Na	me of	DAT		ron M		State
4 ⁽¹⁾ Donation 5 Other (Specify)		laron Me		D ADDRESS OF FA	ICH ITY	Sila	I OII	IH.	
Datal A	arnold 1	1.	Hard	esty F	uner				
23. PART I. Entar tha diseases, Dr com	pilcations that caused	the death. Do not a	entar tha mo	idgely da of dying, auc	h as car	rdiac or respir	atory arrest	, 401	Approximata
ahock, or heart failure. List iMMEDIATE CAUSE (Final	only ona cause on aad		2:0000	f CAN	(=0			İ	Intarval Batwean Onset and Death
disease pr condition reaulting in death)	DUF TO (OR AS A (Drear-	r CHIU	CEK	>			15 years
	DUE TO (OR AS A CONSEDUENCE OF):								
Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A C	CONSEDUENCE OF):							
Cause, Entar UNDERLYING CAUSE (Disease or injury									
that initiated evants reaulting in daath) LAST	DUE TO (OH AS A C	CONSEDUENCE OF):							1
d									
PART ii. Other aignificant conditions co	ontributing to death but	t not reaulting in th	e undariying	cause given in	Part i.	24a, WAS AN A PERFORE			RE AUTOPSY FINDINGS ILABLE PRIDR TO
						1 - YES 2	NO		MPLETION DF CAUSE DEATH?
DID TOP ACCOUNT CONTRIB	LITE TO CALLES OF	DEATH MEG I	V					1 🗆	YES 2 NO
DID TOBACCO USE CONTRIB		DEATH YES [B. PLACE OF DEATH (C		UNCERTAI	ΝЦ	L			
	OSPITAL:	QŢ	HER:		0 0 00				
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	28c. INJ	5 Residence	_	SCRIBE HOW IN	JURY OCCUR	ED	
1 Natural 5 Pending Investigation	(Month, Day, Year)	INJURY	M 1 Y	RK? ES 2 NO					
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY - building, etc. (Specify	- Af home, ferm, atreet	t, fectory, office	,	28f. LOC	CATION (Street er	nd Number or I	Rural Route	Number,
4 Homicide datermined	Salienty, etc. (Opeca)	<u></u>			City	or Town, State)			
	: To the best of my knowled								
2 MEDICAL EXAMINER: O	n the basis of exemination	end/or investigation, in	my opinion, de	eath occured at the	time, date	e end plece, end	due to the co	euse(e) end	i menner es stated.
Huart E. Selow	Aus			O 198	38		29d. DATE SI	ZG 9	nth, Day, Year)
STUAVE E. SCIONICY, US 900 Bestagte Rd. AUNAPOLIS UId. 2140/									
SEP2 9 1994 July	32 REGISTRAR'S OGNA	TURE		•					

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

SER# 19736206 West # 134355

	FOR	STATE OF MAR	VI AND / DEPAR	TMENT OF	UCAITH AND	MENTAL HYGIENE					
	1 - STATE REGISTRAR	011112 01 1111	CERTIF	ICATE OF	DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)				114-11-11	2. DATE OF DEATH	YEAR	3. TIME OF DEATH			
3	SHIRLEY	VIRGINIA		AYLOR		SEPT 27		1937 Рм			
	4. SOCIAL SECURITY NUMBER 219-30-4104	5. SEX 6. AC	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) AUG 21,193	- Cou	THPLACE (State or Foreign				
8	9a. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN	OR LOCATION OF E		9c. COUNTY OF	DEATH			
DIRECTOR	ST AGNES HOSPITAL BALTIMORE										
		timore	10c. CIT	Y, TOWN OR LOCA	10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	100. STREET AND NUMBER 519 Ingleside			10	or. ZIP CODE 212	228	10g. CITIZEN OF	WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	R IN U.S. ARMED ES 2 X NO R DATES	If yes, s	CENDENT OF HISPM pecify Cuban, Mexic B 2 NO Speci	ANIC ORIGIN? (Specify Yes or an, Puerto Rican, etc.) ity:	Bis	CE — American Indien, ck, white, etc. White			
ED	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCCUPAT	ON	16b. KIND OF BUSH	NESS/INDUSTRY	MILLE			
COMPLET	(Specify only highest grade Elementary/Secondary (0-12) 1 2.	College (1-4 or 5+)	Homema	work done during m se retired.)	ost of working	Home					
O	17. FATHER'S NAME (First, Middle, Last)		THOMEMO	RCI	18. MOTHER'S N.	AME (First, Middle, Maiden Si	umame)				
ш	Jonas Pr	eston Reni	na		-5.00	Mary Vir	oinia	Rarboo			
8	19e. INFORMANT'S NAME (Type/Print)			ADDRESS (Street	end Number or Rural	Route Number, City or Town,		Darbee			
2	Howard D. Tay	lor	519	Ingles	ide Ave	nue Caton	sville	MD 21228			
	20a. METHOD OF DISPOSITION		20h PLACE AND DATE	OF DISPOSITION /A	leme of	DATE 200 LOCA	TION CHU OF	Town Plate			
	1 XBuriai 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ioval from State	cemetery, crematory or d adowride	ther plece) e. Memo	rial Pa	rk09/30	Elkrid	GO MD			
	QBurlei 2 Cremation 3 Removal from State Complete, Crematory or other piece) Constitution Complete Complete										
	MacNabb Funeral Home, P. A.										
	Dawn F. McDonald 301 Frederick Rd. Baltimore, MD 21228 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximete										
	ahock, or heart failure.	List only one ceuse or	n eech line.	not enter the m	oda or dying, au	on an cerdiac or reapira	itory arrest,	Approximete Interval Between			
	IMMEDIATE CAUSE (Final disease or condition	ile	ntrala	I	rillat.	-		Onset and Death			
	resulting in death)	a. DUE TO (OR A	S A CONSEQUENCE O		riffati	n					
_		352 10 (011)	a a construct o								
ERTIFICATION	Sequentially list conditions,	DUE TO (OR A	S A CONSEQUENCE O	F):							
¥	if any, leading to immediate cause. Enter UNDERLYING										
E I	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR A	S A CONSEQUENCE O	F):							
E	resulting in death) LAST	4									
8		-									
¥	PART II. Other algnificent condition				g ceuse given in	Part I. 24s, WAS AN AI		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
MEDICAL	history	d) 100	icardi;	75 1	4445 6	0 1 VES 2	NO	COMPLETION OF CAUSE OF DEATH?			
¥	/						1	1 YES 2 NO			
	<u> </u>										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C	heck only one)					
/SI	1 TYES 2 NO	1 Inpatient 2 ER/O	Outpatient 3 🗆 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Residence	6 Other (Specify)					
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJUR (Month, Day, Yea	Y 28b. TIM		JURY AT ORK?	28d. DESCRIBE HOW INJ	URY OCCURED				
BY	1 Natural 5 Pending 2 Accident Investigation										
3 Sulcide 4 Hombolde 286. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 290. CERTIFIER (Check only one) 290. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause (e) and manner as stated.											
Ë	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.										
M						e to the cause(e) end manne e time, date and place, and		(a) and a second a			
	-			, opinion, i							
BE	296. SIGNATURE AND TIPE OF CENTURY	Dece.			29c. LICENSE NU	MBEN 1	19d. DATE SIGNE	D (Aforem, Day, Year)			
2	20 NAME AND ADDRESS OF				V58	543	1/2	7/84			
	30. NAME AND ADDRESS OF PERSON WH	900 Cato	DEATH (ITEM 27) (Type	Print)	more l	m 21220		1			

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ed within 24 hours after death. Page 6 may be retained by the hospital or attending phystician. ompletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should all, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

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ON	NDING	: After	r death
ISION	ATTENDING	CTDR: After	after death
NOISINI	OR ATTENDING	DIRECTOR: After	nours after death
DIVISION OF VITAL NECORDS, P.O. BOX 68760,	ITAL OR ATTENDING	RAL DIRECTOR: After	72 hours after death
DIVISION	HOSPITAL OR ATTENDING	UNERAL DIRECTOR: After	vithin 72 hours after death
DIVISION	HE HOSPITAL OR ATTENDING	THE FUNERAL DIRECTOR: After	led within 72 hours after death
DIVISION	TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After	he filed within 72 hours after death
DIVISION	TO THE HOSPITAL OR ATTENDING PHYSICIAL	TO THE FUNERAL DIRECTOR: After this comments in the pred by the attending physician and completely	he filed within 72 hours after death

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTMENT OF I		NTAL HYGIENE REG. NO.						
1. DECEDENT'S NAME (First, Mich. 4. SOCIAL SECURITY NUMBER	nee N	ence N. Van litt:	91	DATE OF DEATH MONTH DAY	YEAR 9 4 12 15 1					
217-07-6 90. FACILITY NAME (If not institute Mercy RESIDENCE OF DECED	993 1 MM 2 DF on, give street and number) Mcdc'cal (e)	9b. CITY, TOWN	OR LOCATION OF DEATH	(Month, Day, Year) 0 9c	Fenn. COUNTY OF DEATH Baltimare					
M D	Baltimare	By /ti	more	City	10d. INSIDE CITY IMITS? YES 2 \(\text{NO} \) NO					
7	8 Marshall St		7. ZIP CODE 21230		nited States					
≥ Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S 2 NO If yes, sp	DENDENT OF HISPANIC (Decity Cuben, Mexican, P. 3. 2 XNO Specify:	DRIGIN? (Specify Yes or Nuerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White					
15. DECEDER (Specify only high property of the	TT'S EDUCATION est grade completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL OCCUPATI (Give kind of work done during me life. Do NOT use retired.) Turbin Opera	ost of working	Balto.	ss/INDUSTRY Gas & Electric					
	· ·		18. MOTHER'S NAME	(First, Middle, Malden Surna						
19s. INFORMANT'S NAME (Type/P	Felix WanDitta Elizabeth Nitella									
20a. METHOD OF DISPOSITION 17 Burial 2 Cremation 3 4 Donation 5 Department of Departme	Removal from State	Db. PLACE AND DATE OF DISPOSITION (No. prefery crematory or other piece) HOLY Cross Cel	ame of	DATE 20c LOCATIO	ON — City or Town, Stata A . C O . Md .					
21. SIGNATURE OF FUNERAL SE	Balto.Md.21230 McCully Funeral Home, 130 E.Fort Ave.									
shock, or heert iMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Rev	a g Fajur			ry strest, Approximete Interval Betwee Onset and De					
	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant of		but not resulting in the underlyin		24a. WAS AN AUTO PERFORMED 1 YES 2 N	? AVAILABLE PRIOR TO COMPLETION OF CAUSE					
25. WAS CASE REFERRED TO ME EXAMINER? 1 2 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1/2 Inpetient 2 ER/Out	OTHER:	LACE OF DEATH (Check on 5 - Residence 6 -							
2 Accident Invest	26s. DATE OF INJURY (Month, Day, Year) Igation	28b. TIME OF 1 28c. INJURY WO	PURY AT 28- PRK? YES 2 NO	d. DEŞCRIBE HOW INJUR						
29a. CERTIFIER (Check only	G PHYSICIAN: To the best of my know	IY — At home, farm, street, factory, officecity) wledgs, death occurred at the time, data on and/or investigation, in my opinion, o	and place, end due to t	City or Town, State) he cause(s) and menner s						
29b. SIGNATURE AND TITLE OF C		' <i>D</i>	29c. LICENSE NUMBER	290	DATE SIGNED (Month, Day, Year)					
SEP2 9 1994	Jahr De REGISTRAN SIG	your of	MD Mea	Ical Cen	ter, Dept. of Me					

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nowns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CE	RTIFICATI	E OF DEATH	REG. NO	2				
	1. DECEDENT'S NAME (First, Middle, Last)	len Winder	R JR	2,	2. DATE OF DEATH		3. TIME OF DEATH			
		5. SEX 6. AGE (In yrs. last 1 1 M 2 F 3 7	birthday) IF UNDER	T 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
ECTOR	9a. FACILITY NAME (If not institution glip street	of and number)	9b. CITY	TOWN OR LOCATION OF DI		96. COUNTY	F DEATH			
DIRECT	RESIDENCE OF DECEDENT 10b. COUNTY		10c. OTY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS?			
/4	104 STREET AND NUMBER		BHIII	more		10.00	1 YES 2 NO			
FUNERAL	1757 E NOR	th Ave,		10f. ZIP CODE 2/2/	3	41	S//			
BY FU	11. MARITAL STATUS 1	12. WAS DECEDENT EVER IN U.S. ARN FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES	0	WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexica 1 YES 2 W-NO Specif	in, Puarto Rican, etc.)	s or No.— 14.	RACE — American Indian, Black, White, atc.			
	15. DECEDENT'S EDUCA	TION 16a, DEC	CEDENT'S USUAL O	CCUPATION	16b. KIND OF BU	JSINESS/INDUST	DIA CONTRACTOR			
COMPLETED	(Specify only highest grade co	ompleted) (Giv	ve kind of work done Do NOT use retired.)	during most of working						
BE CON	17. FATHER'S NAME (First, Middle, Last)	nder SR	,,,,	18. MOTHER'S NA	ME (First, Middle, Meidel	Sumame)	ed			
5	MYS. KeDecca.	e.Ford 9	MAILING ADDRESS	S (Street and Number or Rural	KJ B	ym 50m, zg ga 9/Xx	nd 21133			
	20s. METHOD OF DISPOSITION 1		ADDATE OF DISPOS		DATE 20c. U	ACATION - ONLY	or Town, State			
	20, SIGNATURE OF FUNERAL BERVICE LICENSEE 20, NAME AND ADDRESS OF ACILITY FUNERAL HOME 20, NAME AND ADDRESS OF									
\vdash	23 PART I. Enter the diseases, or cor	mplications that caused tha der	eth. Do not enter	the mode of dying, auc	h as cardiec or read	piratory arrest	Approximate			
1 1	shock, or heart failure. Lis	st only one cause on each line.			^		Interval Between			
	disease or condition - a. Respiratory Failure due to Pneumocyshi (arinii oue to (or as a consequence of):									
NOI	Sequentially list conditions, if any, leading to immediate	Acquired 5	Immuno	leficiency	Syndrom	R				
S S	cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting In death) LAST	DUE TO (OR AS A CONSEQU	UENCE OF):							
1 . 1	PART II. Other aignificant conditions	contributing to death but not re	resiting in the ur	nderiving cause given in	Bort I Day Mad a	M ALITTORION				
EDICAL	State agricultural contentions	oominating to death but not re	asuting in the u	nderrying cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Σ	DID						1 TES 2 NO			
AN	DID TOBACCO USE CO	ONTRIBUTE TO CAUS	SE OF DEA							
SICIAN:	EXAMINER?	HOSPITAL:	OTHE							
PHYS	27. MANNER OF DEATH	Inpatient 2 ER/Outpatient 3	28b. TIME OF	28c. INJURY AT	8 C Other (Specify) 28d. DESCRIBE HOW	IN HIRY OCCUR	FD.			
ВУ РІ	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO	200. DESCRIBE NOW	INJURY OCCUR				
TED	3 Suicide 8 Could not be 4 Hornicide detarmined	28e. PLACE OF INJURY — At hon building, etc. (Specify)	ne, Jerm, street, fac	tory, offica	281, LOCATION (Street City or Town, State		Bural Route Number,			
COMPLET	ana)	AN: To the best of my knowledge, dea On the besis of examination and/or in					nuse(s) and manner as atated.			
Ш	29b. SIGNATURE AND TITLE OF CERTIFIER	, _		29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Month, Day, Year)			
TO B	18 Getall	han		D428	304	D G	18194			
	ASRESAHEGN	Getachen	Mary (a	nd House of Co	weltion, P	10'box 53	Jessy) 20794			
	31. DATE FILED (ASSES) 2 PO	32 ENSTRATE SIGNATURE	Mall	V						

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNERAL OIRECTOR: After this cardificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should by the months are the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	,,,,,,,	STATE OF M	,	ID / DEPAR	RTMENT O	F HE	ALTH	AND I	MENTA	L HYGIE				
1. DECEDENT'S NAME (First	t, Middle, Last)				WOLC	CK			MONT	OF DEATH	DAY	YEAR	3. TIME OF DEAT	н
4. SOCIAL SECURITY NUMBER 2 15-14-		5. SEX 1 (30) M 2 (1) F	6. AGE (in y	rrs. lest birthday)	IF UNDER 1 YE	AR #	F UNDER	24 HRS. MIN.	SE 7. DATE (Mont)	PT of BIRTH of Day, Year) e 21	23	9 4 8. BIRTI		A .M
9e. FACILITY NAME (If not in	nstitution, give s	treet and number)		71 YRS.	96. CITY, TO	WN OR L	OCATIO	ON OF DE		e 21	9c. CO	UNTY OF E		
SUBURBAN RESIDENCE OF DEC		TAL			BETH	IESI	DA				MOI	NTGO	MERY	
10a. STATE MD.	MONTG	OMERY			Y, TOWN OR L								10d. INSIDE CITY LIMITS?	7
10e. STREET AND NUMBER					LVER S		P CODE	:			10g. CI	TIZEN OF	WHAT COUNTRY?	NO
XXXX 401 S	COTT D						0904					U.S.	Α	
1 Never Merried 2 XX 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1	YES 2	2 NO	It yes	s, specify	y Cuban	F HISPAN 1. Mexical Specify	n, Puerto F	? (Specify Y Rican, atc.)	ea or No—	Blac	E American Indie k, White, etc. #y: WHITE	n,
(Specify onl	EDENT'S EDU y highest grade	completed)	16	Give kind of	work done durin	PATION g most of	f working	g	16b.	KIND OF B	JSINESS/IN	DUSTRY		
Elementary/Secondary (C	0-12)	College (1-4 or 5+) 5+		CHEMIC		INE	ER			U.S.	GOVE	RMENT	1	
17. FATHER'S NAME (First, M JACOB		OCK				18		ER'S NAI		Aiddle, Meide S	n Surname)	RBERG		
MRS. SHIRL		OCK			ADDRESS (Str									
20e. METHOD OF DISPOSITION Burial 2 Cremetic		oval from State	cemeter	ACE AND DATE by, crematory or of INGTON	OF DISPOSITION	N (Name o	of	_	OATI	20c. L	OCATION -	- City or To		
21. SIGNATURE OF FUNERA	/	till	ma		SOL	LE'	VIN:	SON	& Br	os.,	INC.		21215	
AND	dione, diete	e. MULL DUE TO (C	PR AS A CO	iline.	njuri								Approxime intervel Be Onset snd	tween
PART II. Other eignifice									_	24a. WAS A PERFO	RMEO?	24b	WERE AUTOPSY FIN AVAILABLE PRIDE TO COMPLETION OF CADE DEATH?	USE
DID TOBACCO U		RIBUTE TO CAU		PLACE OF DEAT		-	UNCE	RTAIN	1 🗆					
EXAMINER? XXYES 2 \(\square\) NO		HOSPITAL:			OTHER:		☐ Rea	idence (6 🗆 Other	(Specify)				
2 Accident 3 Suicide 8	Pending investigation Could not be datermined	28e. DATE OF IN (Month, Day, Day) 28e. PLACE OF building, et	-94 NJURY -	At home, farm, t	S M 1	INJURY WORK? YES	AT 2	240	281. LOCA	ATION (Street or Town, State	and Number	or Rural F	Coll312 Route Number,	ì
		CIAN: To the beat of m										rted,		
XX		t: On the besis of exa	nination an	d/or investigatio	n, in my opinio	n, death	occure	d at the t	time, data	and place, a	nd dua to t	he cause(a) and manner ea sta	ted.
29b. SIGNATURE AND TITLE		gu	L			1 .		. M .					(Month, Day, Year) 24, 199	4
30. NAME AND ADDRESS OF	R.	FOW CO	OF DEATH			tre	eet	, B	alt	imore	e, Ma	aryl	and 212	201
31. SEP2 9 199	4 Jul	2, REGISTRAR	SIGNATU	RE										

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3760 BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

permit. Pages 1, 2, 3 should for use as the burial-transit retained by the hospital or attending physician. 5 should be detached for use as the burial-tran F notified ours after death. Page 6 may be be must examiner n by the removal. medical 0 cremation. event, the completely an and com traumatic prior other attending the atten Mental H by Аше signed to Shows f of t certificate has be h the State Dept. MP. 23 The HOSPITAL DR ATTENDING PHYSICIAN: this c marked. After DIRECTOR; Aff hours after de-item 28 is r FUNERAL DIRECT within 72 hours a TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: IS

30, NAME AND ADDR

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Prin

32 REGISTRAR'S AIGNATURE

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH NELLE VIRGINIA WICKHAM 09 1994 2:30 D 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE /In vrs lest hirthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS 1 🗌 M 2 💢 F DAYS HOURS 232-20-3040 73 West Virginia August 16. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Greater Baltimore Medical Center Towson Baltimore RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland **Baltimore** Cockevsville 1 X YES 2 - NO 10a STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 700 Western Run Road 21030 U.S.A. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES BY Specify: 3 🕅 Widowed 4 🗌 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 18e DECEDENT'S LISUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTRY ist of working (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) 8 years Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) William P. Samuels BE Anna Burke 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Sally Lyston 700 Western Run Rd. Cockeysville, MD 21030 20a METHOO OF DISPOSITION
1 N Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION - Cify or Town, State OATE Gardens of Eternal Hope Sept. 4 Donation 5 Other (Specify) 94 30, Finksburg, Maryland 21. SIGNATURE OF THE HAL SERVICE/LICENSEE 22. NAME AND AGORESS OF FACILITY Mitchell-Wiedefeld Home Inc. Thomas Joseph Bozek (MOO879) 6500 York Rd. Baltimore, MD 21212 23. PART i. Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate intarval Batween IMMEDIATE CAUSE (Final Onaet and Death disease or condition resulting in death) 100xic Daw Dea DUE TO (OR AS A CONSEQUENCE OF): cordial arres idoles COLLABI CERTIFICATION Sequantially list conditions, QUE TO (OR AS A CONSEQUENCE OF) if any, leading to immadiate cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 20 NO OF DEATH? 1 TYES 2 TNO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 YES 2 NO 1) Inpatient 2 | FR/Outpatient 3 | DOA me 5 🗆 Reeldence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO BY Investigation 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) a Could not be determined 4 Homicide COMPLET 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date end place, end due to the cause(e) end menner as atsted. 2 MEDICAL EXAMINER: On the beele of example stion end/or investigation, in my opinion, death occurad at the time, date end place, end due to the ceuse(e) and menner ee stated, 29b. SIGNATURE AND TATLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 9/28/RC DZ600

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 t. Pages 1, 2, 3 should

u within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	impletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permi	, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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CIAIN: The law requires that the death certificate	rtificate has been signed by the attending physic	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to	r, or other
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH NAR 1735 94 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER t YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (Ste 1 - M 2 F 212-42-0260 YRS. Aug. 11,1943 Annapolis, MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Anne Arundel Medical Center Annapolis Anne Arundel RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Anne Arundel Annapolis YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1019 Timber Creek Drive 21403 USA 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 X Never Married 2 Married ВУ 1 TYES 2 NO Specify: Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INCUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (t-4 or 5+) 10 Aide Providence Center 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Arthur Sewell Warthen Emily L. Russell BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1019 Timber Creek Drive, Annapolis, MD 21403 Blanche L. Overton 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE 20s. METHOD OF DISPOSITION

1 State Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Hillcrest Cemetery Annapolis, MD 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND AODRESS OF FACILITY Hardesty Funeral Home, P.A. Homas 12 Ridgely Ave. Annapolis, MD 21401 23. PART I. Enter the diseases, or complications that caused the dec shock, or heart fellure. List only one cause on each line. ed the deeth. Do not enter the mode of dying, auch ea cardiac or respiratory arrest, Approximate ntervai Between IMMEDIATE CAUSE (Finei Onset and Death diseese or condition wh reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) res CERTIFICATION Sequentially list conditiona, DUE TO (OR AS & CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMEO? 1 TYES 2 NO OF DEATH? t 🗌 YES 2 🗌 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 1-NO nt 3 🗆 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending t YES 2 NO BY Investigati 2 Accident 3 Suicide 26a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) COMPLETED 6 Could not be 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 2

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

July 32 Maistres Control

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BALLIMORE, MARYLAND 21215-0020	quires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physici	signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the foundation
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	FDEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)	WALTER	WHITLEY			2. DATE OF DEATH	AY O'EA	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign			
	242 24 7000	1 🕅 M 2 🗆 F	71 YAS.	MONTHS DAYS		03-18-23	NO.	ORTH CARC			
ECTOR	92. FACILITY NAME (If not institution, give to CHURCH HOSP RESIDENCE OF DECEDENT	ITAL		_	IMORE (NONE	F DEATH			
DIR		NONE	10c. CIT		TIMORE (CITY		10d. INSIDE CITY LIMITS? 1 XYES 2 NO			
FUNERAL	100. STREET AND NUMBER 2442 ASHLAND A	VENUE			21205	5	UNITE	F WHAT COUNTRY? ED STATES			
ВУ	11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced	IF YES, GIVE WAR OR	3 2 NO	If yea,	ECENDENT OF HISPAN appecify Cuban, Maxica ES 2 NO Specify		8	ACE — American Indian, lack, White, atc. pecify:			
ETED	15. DECEDENT'S EDU (Specify only highest grade	16b. KIND OF BU	SINESS/INDUSTR								
IPLE	Elementary/Secondary (0-12) College (1-4 or 5+) 8th none LABORER BETHLEHEM										
COMPL	17. FATHER'S NAME (First, Middle, Last) GEORGE WHITLEY	ME (First, Middle, Maiden TAYLOR	Sumame)								
O BE	10e INFORMANT'S NAME (Topology)										
	LINDA KNOX EGGLESTON 2442 ASHLAND AVE. BALTO. MD.										
	4 Donation 5 Other (Specify)		GARRISO	N FORE		EM. OWI	INGS M	ILLS, MD.			
22. NAME AND ADDRESS OF FACILITY CALVIN B. SCRUGGS FUNERAL HO. 1412 E. PRESTON STREET BALTO											
RTIFICATION	disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
L CE	PART II. Other significant condition	na contributing to death	but not resulting	in the underlyl	ng cause given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINE			
MEDICAL	UPP					PERFORM	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO			
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Ch	eck only one)					
PHYSICI,	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Ou			ome 5 Realdence	8 Other (Specify) 28d. DESCRIBE HOW I	N Alley Occuped				
ВУ Р	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1	YES 2 NO	200. DESCRIBE NOW					
ETED I	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, atc. (So	RY — At home, farm, ecify)	Mreet, fectory, of	ice	281. LOCATION (Street City or Town, State)		ral Route Number,			
COMPLE	one)	ICIAN: To the best of my kno						se(a) and menner as star			
BE	PSB. SIGNATURE AND TITLE OF CERTIFIE	w died	· Speci	alett	29c. LICENSE NUI	MBER 354	29d. DATE SIGN	ED (Month, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF D	V. Dru	. 0	ay Bo	rets. M	212	23/			
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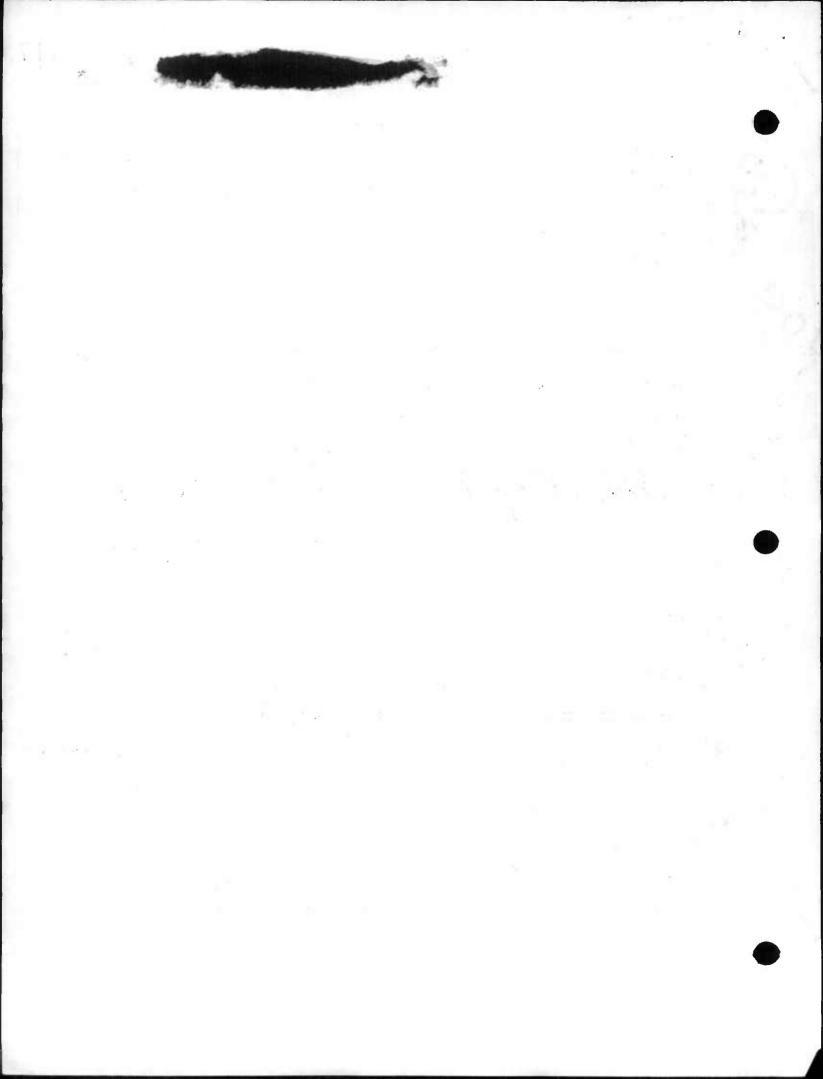
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1, DECEDENT'S NAME (First, Middle, Last,	A			FICATE C			REG. NO.				
							MONT			3. TIME OF D		
	Elizabeth Ann Z	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS		ember 25	3	9:20		
	21.3-20-5926	1 🗆 M 2 😾 F	77	YRS.	MONTHS DAY	YS HOURS MIN.	Dec.	th, Day, Year) 23, 191		country) nnsvlvania		
~	Se. FACILITY NAME (If not institution, give	street end number)			96. CITY, TO	WN OR LOCATION OF	DEATN	300	T	Y OF DEATH		
DIRECTOR	St. Agnes Hospit	al			Balti	more City						
REC	10e. STATE 10b. COUN	TY		10c. CI1	TY, TOWN OR LO	DCATION				10d, INSIDE (
		imore Cou	nty	Tow	vson					1 TYES 2		
RAI	851 Bosley Avenue	•				101. ZIP CODE 21204				N OF WHAT COUNTR		
FUNERAL	11. MARITAL STATUS		NT EVER IN U.S. AF	RMED	13. WAS	DECENDENT OF HISE	ANIC ORIGI	N? (Specify Yes		S.A. I. RACE — American		
B⊀	1 X Never Merried 2 Merried 3 Widowed 4 Divorced		WAR OR DATES	ES 2 NO If yes, specify Cuban, Mexice						Black, White, etc. Specify: Whit		
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	live kind of	S USUAL OCCUP	PATION g most of working	16	. KIND OF BUS	SINESS/INDUS	STRY			
<u>E</u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT u				Ch - h -	. C M	1		
OM	4 Social Worker State of Maryland 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme)											
BE C												
TO B	19a, INFORMANT'S NAME (Type/Print)				G ADDRESS (Str	eet and Number or Rur		nber, City or Tow	n, State, Zip Co			
	Charles J. Zelli	hofer				Ave. Tows						
	20a METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Red 4 Donetion 8 Other (Specify)	moval from State	20b. PLACE cemetery cre Morela	and DATE	of DISPOSITION		DA.			y or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE / /	Moreia	III M	22. NAM	E AND ADDRESS OF	10/		ey, Mar	yland		
X	Palac note of	mode	Zicon	/	Mi	tchell-Wied	efeld i	Home Wa		21 21 2		
			John G. Reitz (M-00004) 6500 York Rd. Baltimore, Maryland 21212 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, Approximate									
	shock, or heart fellure	. Liat only one car	at ceused the de	eath. Do						t, Appro		
	shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. Liver	Failure O (OR AS A CONSE	a. 2	not enter the							
CATION	shock, or heart feilure IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Liver DUE TO	Failure	e. COUENCE C	not enter the	mode of dying, a				t, Appro- Interve Onset		
ERTIFICATION	shock, or heart feilure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata	a. Liver DUE TO Conje DUE TO C.	Failure OF AS A CONSE	a. OUENCE C Part OUENCE O	not enter the OF): Failur OF):	mode of dying, a				t, Approximately Interversion Onset		
O	shock, or heart feilure IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, If sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Liver DUE TO b. Conje DUE TO d.	Failure O OR AS A CONSE O OR AS A CONSE O OR AS A CONSE	OUENCE O	not enter the Failur Frice Frica Frice	mode of dying, a	uch es cei	diec or reepi	autopsy	Appro- Interve Onset 3da 1 y		
DICAL C	shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	a. Liver DUE TO b. Conje DUE TO d.	Failure O OR AS A CONSE O OR AS A CONSE O OR AS A CONSE	OUENCE O	not enter the Failur Frice Frica Frice	mode of dying, a	uch es cei	diec or reepi	AUTOPSY	t, Appro- Interve Onset 3da 1 y		
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MEDICAL C	shock, or heart feilure IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. Liver DUE TO C. DUE TO d. DUE TO HOSPITAL:	Failure O OR AS A CONSE	OUENCE O	Pailur e. PLACE OF DEATH	in Part i.	24a. WAS AN PERFOR	AUTOPSY	24b. WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH?			
SICIAN: MEDICAL C	shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially ilst conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL	a. Liver DUE TO b. Conje DUE TO d. DUE TO d. HOSPITAL: 1 Nopatient 2	FAILURE OF AS A CONSE OF OR AS A CONSE	COUENCE O	Pailur Failur OF): Failur OF): OF): OTHER: 4 Nursing	e E E E E E E E E E E E E E	in Part i.	24a. WAS AN PERFOR 1 VES 2	AUTOPSY RMED?	24b. WERE AUTOPS AWAILABLE PROMPLETION OF DEATH? 1 YES 2		
PHYSICIAN: MEDICAL C	shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that inflitated events reaulting in deeth) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 Netural 5 Pending	a. Liver DUE TO b. Conje DUE TO c. DUE TO d. HOSPITAL: 1 Ninpatient 2 28e. DATE OI (Month, I	Failure O (OR AS A CONSE	OUENCE COUENCE	Pailur Failur Friilur Friil	e. PLACE OF DEATH	in Part i.	24a. WAS AN PERFOR	AUTOPSY RMED?	24b. WERE AUTOPS AWAILABLE PROMPLETION OF DEATH? 1 YES 2		
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BE COMPLETED BY PHYSICIAN: MEDICAL C	shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition reaulting in daath) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inflisted events reaulting in deeth) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 8 Could not be distermined 29e. CERTIFIER (Check only 2 MEDICAL EXAMIN	a. Liver DUE TO b. Conje DUE TO c. DUE TO d. DUE TO d. DUE TO 28e. DATE OI (Month, I 28e. PLACE (building SICIAN: To the best of NER: On the base of ce	FAILURE D (OR AS A CONSE D (OR AS A CONS	COUENCE COUENC	Pailur e. PLACE OF DEATH Home 5 Residence INJURY AT WORK? YES 2 NO office date and place, and con, death occurred at the	in Part I. Check only c 8 Oth 28d. DE	24a. WAS AN PERFOR 1 UVES 2 or (Specify) SCRIBE NOW I	AUTOPSY RMED? INJURY OCCUPANT OF THE STATE	24b. WERE AUTOPS AWAILABLE PP COMPLETION OF DEATH? 1 YES 2 RED Rural Route Number,			
COMPLETED BY PHYSICIAN: MEDICAL C	shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition reaulting in daath) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inflisted events reaulting in deeth) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 8 Could not be distermined 29e. CERTIFIER (Check only 2 MEDICAL EXAMIN	a. Liver DUE TO b. Conje DUE TO c. DUE TO d. HOSPITAL: 1 X Inpatient 2 28e. PLACE (Month, I 28e. PLACE of building SICIAN: To the basic of other	FAILURE D (OR AS A CONSE D (OR AS A CONS	B. COUENCE COU	OF): Failur OF): e. PLACE OF DEATH Home 5 Residence INJURY AT WORK? YES 2 NO office date and place, and con, death occurred at the	in Part I. Check only c 8 Oth 28d. DE	24a. WAS AN PERFOR 1 UVES 2 or (Specify) SCRIBE NOW I	AUTOPSY RMED? INJURY OCCUPANT OF THE STATE	24b. WERE AUTOPS AWAILABLE PROMPLETION OF DEATH? 1 YES 2 RED Rural Route Number, Deuse(e) end menner			

State of the state of the state of

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)		<u> </u>	OATE OF	DEATH	2. DATE OF DEATH		3. TIME OF DEATH			
- î	Walker	Adair	Am	pole		September		11:07 AM			
		S. SEX 6. AGE (In	: "	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTH	IPLACE (State or Foreign			
	L						A(10gth, 277 Year) 1920 West Virginia				
~	9a. FACILITY NAME (If not institution, give stree	,	100		R LOCATION OF DE						
DIRECTOR	St. Mary's Hospita	<u>∃</u>		Leonard	town		St. Mar	ry's			
EC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY			
	Maryland St. Maryland	ary's	Av	enue				LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER P.O. BOX 208						10g. CITIZEN OF WHAT COUNTRY				
5		2. WAS DECEDENT EVER IN FORCES? 1 XYES	U.S. ARMED			IC ORIGIN? (Specify Yes	or No- 14. RAC	E — American Indian, k, White, atc.			
ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT			2 NO Specify	n, Puerto Rican, etc.)	Whi				
	15. DECEDENT'S EDUCAT	TION	18. DECEDENTIS II	DILAL OCCUPATION				Le			
	(Specify only highest grade cor	mpleted)	(Give kind of wo life. Do NOT use	rk done durina mo	st of working	16b. KIND OF BUS	INESS/INOUSTRY				
PL	12th Grade	College (1-4 or 5+)	Manufact	or Repr	esentati	ve Constr	uction S	upplies			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)				
BE C	Emmitt Ruf:	f Amo	ole		Nell		Blake				
TO B	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Town					
-	Ruby E. Amole		P.O. E	30x 208,	Avenue,	Maryland	20609				
	20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 🔀 Cremetion 3 ☐ Remove	ol from State 20b.F	PLACE AND DATE OF	DISPOSITION (Na er place)	ma of	OATE 20c. LO	CATION — City or To	own, State			
	4 Donation 5 Other (Specify)	Met	ropolita	in Crema	tory 9	/15/94 ALEX	andria,	Virginia			
	Campillor 2 M Crametlon 3 Removal from State Campilary or pither place! Removal from State Campilary or pither place! Metropolitan Crematory 9/15/94 Alexandria, Virginia 21. SIGNATURE OF FUNEBAL SERVICE LICENSES P.A.										
	P.O. Box 270, Leonardtown, Maryland 20650										
	23. PART Enter the diseeses, or con shock, or heert fallure. Lis	nplications that ceused it only one cause on ear	the deeth. Do no ch line.	t enter the mo	de of dyling, euc	h as cerdiec or respi	ratory arrest,	Approximate Interval Between			
	IMMEDIATE CAUSE (Final disease or condition	506	7	50	DI	1 . 111	03	Onset and Death			
	resulting in death)) adiren	Jea	ith.	1001	faute My	ocardic	Monat			
	_	00E 10 (OH AS A (CONSEQUENCE OF)			Ih	terctor				
ō	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF)					<u> </u>			
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury										
E	thet initiated evente	DUE TO (OR AS A	CONSEQUENCE OF)								
CERTIFICATION	resulting in death) LAST										
AL C	PART II. Other significent conditions of	ontributing to death bu	t not resulting in	the underlying	cause given in	Part I. 24a. WAS AN	AUTOPSY 24E	. WERE AUTOPSY FINDINGS			
2						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
								DF OEATH?			
ž	DID TOBACCO USE CO	NTRIBUTE TO C	AUSE OF I	DEATH YE	S I NO						
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	OSPITAL:		26. PL	ACE OF OEATH (Ch						
YSI	1 YES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpat	tlent 3 🗆 DOA	OTHER: I Nursing Ham	5 🗆 Realdence	6 Sother (Specify)	etside of	freends house			
H	27, MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	OF 28c. INJ	JRY AT	28d. DESCRIBE HOW II	NURY OCCUPED				
B	2 Accident Investigation				ES 2 NO						
COMPLETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, atc. (Specif	y)	eet, fectory, office	'	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
9	29e. CERTIFIER										
MP	(Check only one) 2 MEDICAL EXAMINER:	On the best of my knowle						N			
	29b. SIGNATURE AND TITLE OF CERRIFTER		and or investigation.	, at my opinion, o							
BE	AND STORAGONE AND TITLE OF CENTIFIER	(AZM	0		29c. LICENSE NUM	ABER O	29d. DATE SIGNED	(Month, Day, Year)			
임	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type. F	Print)	Vhi.	~30	1	474			
	David Allen, M.D				ardtown,	Maryland	20650	- 6			
	SEP 13 1994	32 REGISTRAR'S SIGNAT	Kardall								
		A.									



מוליו וולוו ליוולוו ליווולוו ליווולוו	hours after death. Page 6 may be retained by the hosp	ed in by the funeral director, page 5 should be detached	, or removal.	medical examiner must be notified at once.	
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT O	F HEALTH AND OF DEATH	MEN1	AL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) LOUISE J.	ANTUNES				2. DA MO SEF	TE OF OEATH	240	VEAD	TIME OF OEATH 2 10 Pm	
	074-10-0157	1 □ M 2 🏋 F 95	(In yrs. last birthday) YRS.	IF UNDER 1 YE MONTHS DA	AR IF UNDER 24 HRS	(Me	TE OF BIRTH (anth, Day, Year)		ROY,	CE (State or Foreign	
TOR	90. FACILITY NAME (If not institution, give stre SHADY GROVE ADVENT		CENTER	96. CITY, TO	VILLE	DEATH		9c. COUNT MONTG	OMERY		
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND MONTGO	MERY		Y, TOWN OR L						I. INSIDE CITY LIMITS? YES 2 X NO	
FUNERAL	100. STREET AND NUMBER 9701 MEDICAL CENTE	R DRIVE	DRIVE 20850					U.S.A	N OF WHAT	COUNTRY?	
B≺	11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			DECENDENT OF HISI s, specify Cuben, Max YES 2 NO Spe	Ican, Puerl	GIN? (Specify Ye to Rican, atc.)	Yea or No 14, RACE American		American Indian, sita, atc.	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION ompleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of the life. Do NOT us	work done durin	PATION g most of working	19	6b. KIND OF BU	SINESS/INDUS			
MPI	11		CIVIL S	ERVANT			NEW YO	RK STA	TE GO	VERNMENT	
	17. FATHER'S NAME (First, Middle, Last) PHILIP MANGIONE				18. MOTHER'S		PALLAI	,			
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	eet and Number or Run				ode)		
F	JULIET A. SABLOSKY		4219 A	LTON P	LACE N.W.	WAS	HINGTON	N, DC	20016		
	20e, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 4 Donetion 5 Disposition (Special Computation Computati										
	Cate of Havon Completer 0/12 Silver Spring, MD 22. NAME AND ADDRESS OF FACILITY JOSEPH GAWLER'S SONS, INC. 20016 5130 WISCONSIN AVE. N.W. WASHINGTON, DC 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
	23. PART i. Enter the diseases, or con shock, or heart fellure. Lis	mplications that caused at only one cause on e	the death. Do r	ot enter the	mode of dying, se	uch as ca	rdiec or reep	iratory arres	t,	Approximate intervel Between	
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	(Fine)								Onset and Death	
NO	Sequenticity list conditions, b. Discrete as a consequence of										
FICATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury										
CERTIFICATION	that initiated evente resulting in death) LAST		ON DE OFFICE OF	J.							
A P	Sacrel decubitus	contributing to death be	ut not resulting i	n the underl	ying cause given i	in Part i.	24a. WAS AN PERFOR	MED?	AWAI	E AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE	
PHYSICIAN: MEDIC	Ischemic heart dis						1 TYES 2	₩ NO	OF E	DEATH?	
AN	Vitania Biz delic. 25. WAS CASE REFERRED TO MEDICAL	enty		26	B. PLACE OF DEATH ("heck only	000)		L		
SIC		IOSPITAL:	ntient 3 DOA	OTHER:	Home 5 - Residence						
BY PH	27. MANNER OF DEATH 1 Metural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	OF 28c.	INJURY AT WORK? YES 2 NO	_	ESCRIBE HOW I	NJURY OCCUP	RED		
	3 Suicide 6 Could not be detarmined	6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Speciful						281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:	N: To the best of my knowled On the basis of examination	edga, death occurre and/or investigation	d at the time, o	data and place, and d	us to the c	ause(a) and mar ta and placa, an	ner sa stated. d dus to the c	ause(a) and	menner as stated.	
TO BE	296. SIGNATURE AND THE OF CERTIFIER M.D. M.D.				29c. LICENSE N			29d. DATE S	9 94	th, Day, Year)	
	Byrl D. Johnson, M	COMPLETED CAUSE OF DEA	SSE 11 AV	Print) ∈.,Gai	thersburg	g,Mar	ylar:d	20879	-3266		
	SEP 1 4 1994	32 REGISTRAB'S SIGNA Julia Davidson	- Mandell								

15-002	ending phys	as the buri	
BALTIMORE, MARYLAND 21215-002	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	
YLAN	by the ho	d be detact	1 at once
E, MAF	be retained	age 5 shoul	be notifie
MORE	заре 6 тау	director, pi	er must
BALT	ter death. F	the funeral	al examin
	ours a	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be fled within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
3760,	uted within	completely rial, cremati	c event, t
30X 6	ate be exect	ysiclan and prior to bus	traumat
P.O. I	ath certifica	ittending ph tal Hygiene	, or other
ORDS,	that the de	ed by the a	any Injury
. REC	w requires	been sign of, of Healt	3 shows
VITAL	SIAN: The I	rtificate has	or item 2
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ING PHYSIC	ofter this ce	marked,
IVISIC	IR ATTENDI	IRECTOR: A	em 28 is
Q	OSPITAL D	UNERAL D	ANT: If ite
	TO THE H	TO THE FI	IMPORT

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

2. DATE OF DEATH

2. DATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)	TOCE ANDU	ONTY ANG	DDGC	IOAII		DLA		2. DATE OF	D.	AY	YEAR 3	. TIME OF OEATH			
	JOSE ANTH								8 1	994		10:20			
4. SOCIAL SECURITY NUMBER	5. SEX 1 🔯 M 2 🗆 F	6. AGE (In yrs.	last birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF (Month, E	Day, Year)		Country)	ACE (State or Foreign			
099-48-8841 9a. FACILITY NAME (If not institution, give		37	YNS.						. 5,		New ?				
						OR LOCATI	ON OF O	EATH			NTY OF OEA				
National Naval Me	edical Ce	nter		Bet	hes	ia				Mont	gomer	У			
10s. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	TION					10	Dd. INSIDE CITY			
Maryland Monts	gomery		Gai	ther	sbu	g					1	LIMITS?			
10e. STREET AND NUMBER						. ZIP COD	E			10g. CITIZEN OF WHAT COUNTRY					
17638 Shady Sprin	ng Terrac	e				2087	77			U.S	S.A.				
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDEN	T EVER IN U.S. Y YES 2 MR OR OATES			If yes, sp		in, Mexica	NIC ORIGIN? (an, Puerto Ric y: Span:	an, etc.)	or No-	Specify:	American Indian, White, etc.			
15. DECEOENT'S EDU	ICATION		DECEDENT'S	USUAL O	CCUPATION	ON			IND OF BU	SINESS/IN		VIIICE			
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of life. Do NOT u	work done	during mo		ng	100.11		01112007111	0001111				
Contention y Secondary (0-12)	2		Operations Specialist U.S. Nav					avv							
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Maiden Surname)												
Jose Anthony Amon	cos, II		Hilda Colon												
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street			Route Number,	City or Tow	m, State, Zij	o Code)				
Robert Lee Griff:	in											20877			
20e. METHOD OF DISPOSITION		20b. PLAC	E AND DATE	OF DISPOS	SITION (No	rne of		DATE	20c. LO	CATION -	City or Town	, State			
1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	Arli	crematory or o	Nati	lona	L Cer	n.	9/13			ngton, Virgin				
21. SIGNATURE OF FUNERAL SERVICE U	CENSEE		0	22.	NAME A	ND ADDRE	SS OF FA	CILITY	_			8=			
1 77	Y							1 Home			1.15				
23. PART I. Entar the diseases, or												, MD 208			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	(OR AS A CONS							<u></u>						
CAUSE (Disease or injury that initiated events resulting in death) LAST	C. OUE TO	(OR AS A CONS	SEQUENCE O	F):											
PART ii. Other significant condition	ns contributing to	death but no	t manifelma	In the w	n d a di da		aluan la	Don't 0		41770004					
Symbolic Colonio	is contributing to	Ogatii Dot 110	resulting	in the ut		y cause	given in		4a. WAS AN PERFOR	RMED?	C O	TERE AUTOPSY FINDS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL				-	26 P	ACE OF I	EATH (C)	neck only one)							
EXAMINER? 1 YES 2 X NO	HOSPITAL:	FR/Outpette-4	3 🗍 🗅 🗅	OTHE	R:				C						
27. MANNER OF OEATH 1 🔀 Natural 5 🗆 Pending	28e. DATE OF (Month, D	INJURY	28b. TIN		28c. IN.	URY AT ORK?		S Other (: 28d. OE\$CI		INJURY OC	CUREO				
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE O building,	F INJURY — At etc. (Specify)	home, farm,	street, fac	tory, offic	•			ION (Street Town, State)		r or Rural Rou	ite Number,			
29a. CERTIFIER (Check only one) 1 X CERTIFVING PHYS												nd menner se stat			
29b. SIGNATURE AND TITLE OF CERTIFIE	MD						105		VA)	29d, DAT	re signed (A	forth, Day, Year)			
J.M.NICOLAS, LT	MC, USN			o, Print)				AL NAV DA MD				TER			
SEP 1 3 19	94 Julia	AR'S SIGNATURE	Pande	82											

10+1

DIRECTOR

FUNERAL

BY

COMPLETED

2

notified at once.

2

must

examiner

medical

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE

2

MACKIN MD

Julia Savidson-Randale

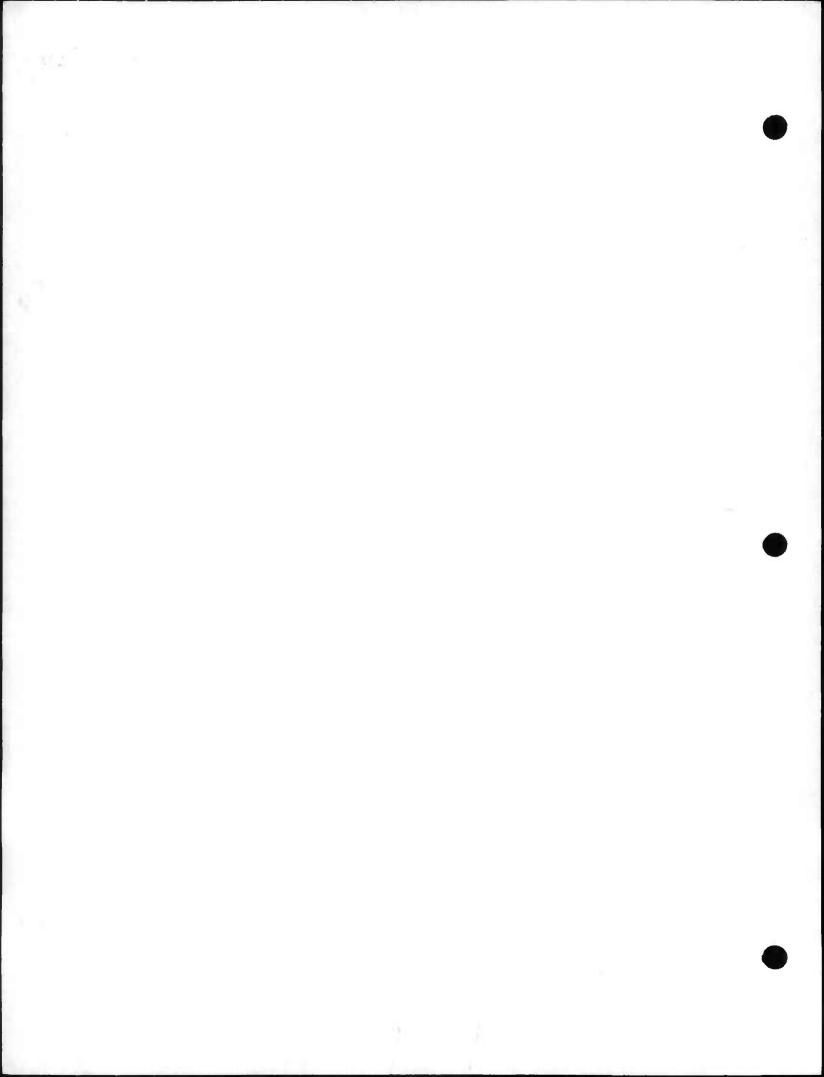
JAMES

1994

31. DATE FILED (Month, Day, Year)

TO THE HOSPITAL OF TO THE FUNERAL DE MILE WITHIN 72 ho

funeral director, page 5 should be detached for use as the burial-transit HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 n by the furnemoval. has been signed by the attending physician and completely filled in by to Dept. of Health and Mental Hygiene prior to burial, cremation, or remore 28 shows any Injury, or other traumatic event, the medical DIVISION OF VITAL RECORDS, P.O. BOX 68760, DIRECTOR: After this certificate has hours after death with the State Ditem 28 is marked, or item



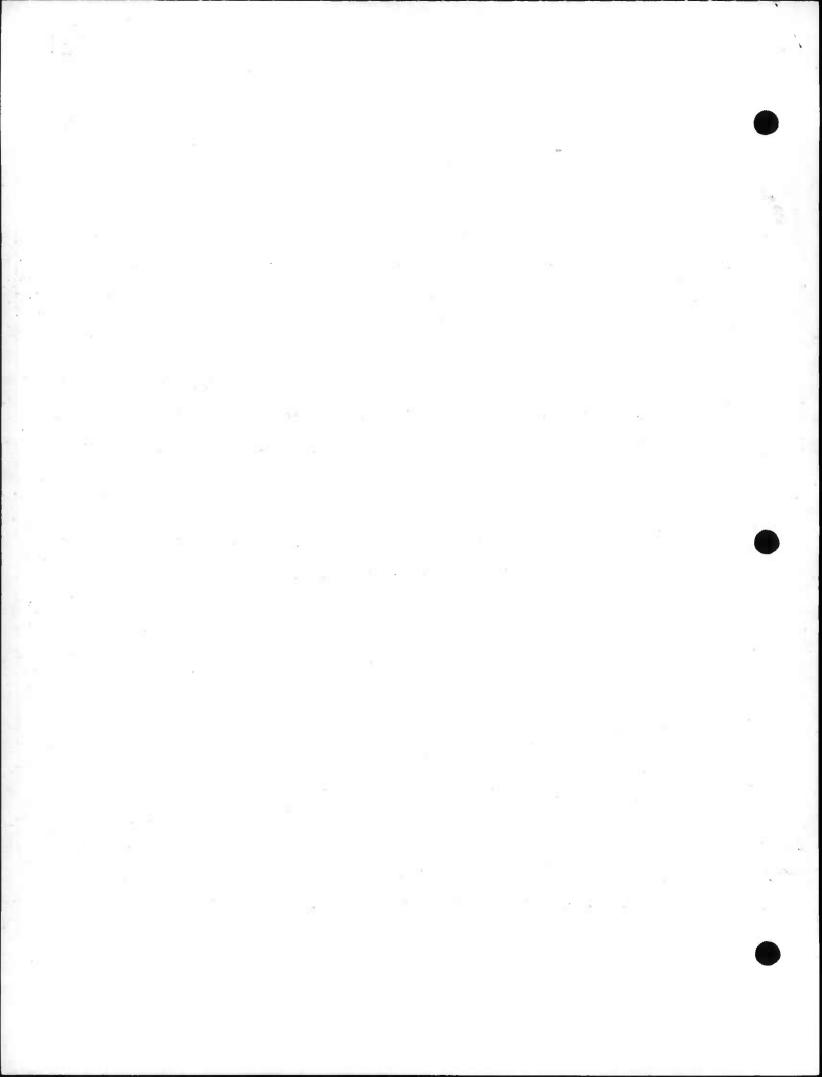
FOR

	REGISTRAR			CERTIF	ICAT	E OF	DEAT	ГН		BEG NO						
	1. DECEDENT'S NAME (First, Middle, Last)					- 0.	-			OF OEATH		- 17	3. TIME OF DEATH			
	Mbuthia	Ali							Set				07:30 а. м			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr:	s. lest birthday)		R 1 YEAR	IF UNDER	24 HRS.	7. DATE	DAY YEAR Pt. 23, 1994 E OF BIRTH Ith, Day, Near) pt. 23, 94 Mary Pt. 23, 94 Mary Pt. 23, 94 Mary Pt. 23, 94 Montgom Ing. CITIZEN OF WH. U.S.A N7 (Specify Year or No— No. H. RACE, Black, Specify: b. KIND OF BUSINESS/INDUSTRY Middle, Maiden Surname) Mbuthia mber, City or Rown, State, Zip Code) ma Park, MD 209 TE 20c. LOCATION — City or Town Takoma Park, dilac or raspiretory arrest, City or Rown, State, Zip Code) Takoma Park, MD 209 TE 20c. LOCATION — City or Town Takoma Park, City or Rown State, Zip Code) Mary Park, Middle or raspiretory arrest, City or Rown State, Zip Code) Mary Park, Middle or raspiretory arrest,	LACE (State or Foreign					
1. DECEDE 4. SOCIAL WE RESIDE 10e. STAT 11. MARIT. 1 [X Neve 3	N/A	1 💢 M 2 🗌 F		YRS.	MONTHS	DAYS	HOURS	25min			94		yland			
	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CIT	r, TOWN C	PR LOCATI	ON OF DE		,						
OR	Washington Adve	entist Ho	spital	-	1	Cakon	na Pa	ırk			Mot	ntgor	nery			
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT															
2	200 200	rince Geo	roels			OR LOCAT							10d, INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	Tinee ded	I g C J	Н	yatt	svil							1 X YES 2 NO			
RA	7401 New Har	nnahira A	7707110	#1009		101	. ZIP COD									
N N	11. MARITAL STATUS	12. WAS DECEDEN														
	1 Never Married 2 Married	FORCES? 1	YES 2	₩ NO		If yes, sp	ecity Cubs	n, Maxicar	, Puarto	N? (Specify Yas Rican, atc.)	or No-	Black,	- American Indian, White, atc.			
	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 YES	2 NO	Specify:				Specify	:			
8	15. DECEDENT'S EDU (Specify only highest grade		16a	. DECEDENT'S					161	b. KIND OF BUS	INESS/INDU	ISTRY				
ш	Elamentary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done se retired.)	auring mo	St of workii	ng								
를																
흥	17. FATHER'S NAME (First, Middle, Last)			_			16. MOT	HER'S NAM	AE (First,	Middle, Maiden	Sumame)					
	Ali Smith							Miri								
198. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Bural Route Number, City or Tow																
		Eller		7600 Carroll Ave., Takoma Park, MD 20912												
	20a. METHOD OF DISPOSITION 1															
- 1	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIN	OCNOSE	Was	hingto	n Ac	lvent				Tako	oma Pa	ark,	MD			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22.	NAME AN	ID ADDRE	SS OF FAC	HLITY							
	23. PART i. Enter the diseases, or abock, or heart failure.	complications that	caused the	death. Do	not enta	tha mo	de of dy	ing, auch	as car	diac or raspin	retory arre	at,	Approximate			
	IMMEDIATE CAUSE (Final disease or condition															
	disassa or condition resulting in death)	d.				le Fe	etus		or condition No. 17 11 1 Male France							
		DUE TO	reaulting in death) a. DX: NOTI VIABLE MATE FELUS DUE TO (OR AS A CONSEQUENCE OF):													
Z		(21+ Weeks old. & Weight of 419 gms.)														
0	Sequentially list conditions,				& V	leigh	nt of	419	gms	5.)						
ATIO	if any, leading to immediate			S old.	& V	leigh	nt of	419	gms	s.)						
FICATIO	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	(OR AS A COP		. & V F):	leigh	nt of	419	gms	5.)						
RTIFICATIO	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A COP	NSEOUENCE O	. & V F):	leigh	nt of	419	gms	5.)						
CERTIFICATIO	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO DUE TO	(OR AS A COM	NSEOUENCE O	. & V F):					5.)						
AL CERTIFICATIO	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO DUE TO	(OR AS A COM	NSEOUENCE O	. & V F):					24s. WAS AN /			WERE AUTOPSY FINDINGS			
CAL	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO DUE TO	(OR AS A COM	NSEOUENCE O	. & V F):					24s. WAS AN . PERFORI	MED?					
CAL	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO DUE TO	(OR AS A COM	NSEOUENCE O	. & V F):					24s. WAS AN . PERFORI	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST PART II. Other significant condition	DUE TO DUE TO	(OR AS A COM	NSEOUENCE O	. & V F):					24s. WAS AN . PERFORI	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO C. DUE TO d. a contributing to	(OR AS A COM	NSEOUENCE O	. & V	ndariyinç 28. PL	3 cause (Part I.	24a. WAS AN PERFORI	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO C. DUE TO d. A contributing to HOSPITAL: 1 X inpetiant 2	(OR AS A COP death but n	NSEQUENCE O	& VF): F): OTHE 4 Nu	ndariyinç 28. PL R: sing Hom	ace of D	given in I	Part i.	24a. WAS AN PERFORI 1 YES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO DUE TO d. HOSPITAL:	(OR AS A COR death but n ER/Outpetien	NSEQUENCE O	& VF): F): OTHE 4 Nu	28. PL R: resing Hom 28c. INJ WO	ACE OF D	EATH (Che	Part i.	24a. WAS AN PERFORI 1 YES 2	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO C. DUE TO d. HOSPITAL: 1 X Inpetiant 2 28s. DATE OF (Month, Dr.)	(OR AS A COP (OR AS A COP death but n ER/Outpetlan INJURY sy, Year)	NSEQUENCE O	OTHE 4 Number of JURY	28. PL R: raing Hom- 28c. INV 1 1 1	ACE OF D 5 Re URY AT RK? (ES 2	EATH (Che	Part i.	24a. WAS AN . PERFORI 1 YES 2 Per (Specify) SCRIBE HOW IN	MED? NO	JRED	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!			
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO C. DUE TO d. HOSPITAL: 1 X Inpetient 2 28e. DATE OF (Month, Do.) 28e. PLACE OI	(OR AS A COP (OR AS A COP death but n ER/Outpetlan INJURY sy, Year)	NSEQUENCE O	OTHE 4 Number of JURY	28. PL R: raing Hom- 28c. INV 1 1 1	ACE OF D 5 Re URY AT RK? (ES 2	EATH (Che	Part I.	24a. WAS AN PERFORI 1 YES 2 Per (Specify) SCRIBE HOW IN STREET AND	MED? NO	JRED	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!			
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO C. DUE TO d. HOSPITAL: 1 X inpetient 2 28e. DATE OF (Month, Did 28e. PLACE OI building,	(OR AS A COP (OR AS A COP death but n ER/Outpetlan INJURY ay, Year) F INJURY — A etc. (Specily)	NSEQUENCE O	& VF): F): In the unit of th	28. PL R: nsing Hom 28c. INJ WO 1	ACE OF D ACE OF D OF S Re URY AT RK?	EATH (Che	Part i. ck only o	24a. WAS AN PERFORI 1 YES 2 or (Specify) SCRIBE HOW IN CATION (Street a or Town, State)	MED? NO NO NO NUMBER OCCU	JRED V Rural Roo	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!			
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO C. DUE TO d. HOSPITAL: 1 X Inpellant 2 2 28e. DATE OF (Month, Did 28a. PLACE Of building,	(OR AS A COM (OR AS A COM death but in ER/Outpetlan INJURY ay, Year) F INJURY — A atc. (Specify) my knowledge	NSEOUENCE O	& VF): F): OTHE 4 Num E OF UURY M ed at the	28. PL R: sing Hom 28c. INJ tory, office	ACE OF D ACE OF D TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	EATH (Che sidence (Part i. ck only o the Chy to the ca	24a. WAS AN . PERFORI 1 YES 2 PER (Specify) SCRIBE HOW IN CATION (Street a. or Town, State)	MED? NO NO NO NUMBER of	JRED V Rural Root d.	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO			
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO C. DUE TO d. HOSPITAL: 1 X inpetient 2 28e. DATE OF (Month, Di 28e. PLACE OI building,	(OR AS A COM (OR AS A COM death but in ER/Outpetlan INJURY ay, Year) F INJURY — A atc. (Specify) my knowledge	NSEOUENCE O	& VF): F): OTHE 4 Num E OF UURY M ed at the	28. PL R: sing Hom 28c. INJ tory, office	ACE OF D ACE OF D TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	EATH (Che sidence (Part i. ck only o the Chy to the ca	24a. WAS AN . PERFORI 1 YES 2 PER (Specify) SCRIBE HOW IN CATION (Street a. or Town, State)	MED? NO NO NO NUMBER of	JRED V Rural Root d.	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO			
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO C. DUE TO d. HOSPITAL: 1 X inpetient 2 28e. DATE OF (Month, Di 28e. PLACE OI building,	(OR AS A COM (OR AS A COM death but in ER/Outpetlan INJURY ay, Year) F INJURY — A atc. (Specify) my knowledge	NSEOUENCE O	& VF): F): OTHE 4 Nui E OF JURY M ed at the on, in my	28. PL R: rsing Hom 28c. INJ tory, offici	ACE OF D e 5 Re URY AT r/ES 2 and place eath occur	EATH (Che sidence (Part i. ck only o Chord of Other 28d. DE 26f. LOC City to the ca	24a. WAS AN . PERFORI 1 YES 2 PER (Specify) SCRIBE HOW IN CATION (Street a. or Town, State)	MED? NO NO NUMBER OCCU	JRED JRED d. cause(s)	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ule Number,			
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO C. DUE TO d. HOSPITAL: 1 X inpellent 2 28e. DATE OF (Month, Di 28e. PLACE OI building, ICIAN: To the beat of ex	(OR AS A COM (O	NSEOUENCE O	OTHE 4 Num E OF JURY M street, fac	28. PL R: nsing Hom 28c. INJ WO 1 1 1 ttory, office	ACE OF D S GREAT ACE OF D S GREAT AT CES 2 and place eath occur 29c. LICI	EATH (Cho	Part i. ck only o to Other 28d. DE 25f. LOC City to the ca	24a. WAS AN . PERFORI 1 YES 2 PER (Specify) SCRIBE HOW IN CATION (Street a. or Town, State)	MED? NO NO NUMBER OCCU	JRED JRED d. cause(s)	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ule Number,			
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO C. DUE TO d. HOSPITAL: 1 X inpellent 2 28e. DATE OF (Month, Di 28e. PLACE OI building, ICIAN: To the beat of ex	(OR AS A COM (O	NSEOUENCE O	OTHE 4 Num E OF JURY M street, fac	28. PL R: nsing Hom 28c. INJ WO 1 1 1 ttory, office	ACE OF D S GREAT ACE OF D S GREAT AT CES 2 and place eath occur 29c. LICI	EATH (Cho	Part i. ck only o Chylen City to the callime, data	24a. WAS AN . PERFORI 1 YES 2 ar (Specify) SCRIBE HOW IN CATION (Street a or Town, State) use(a) and men a end place, and	MED? NO NO NUMBER OCCU	JRED JRED d. cause(s)	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO ute Number, and manner as stated. Month, Day, Year)			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760



20000	or attending phys	or use as the burn	e de la constante de la consta
	retained by the hospita	5 should be detached f	notified at once.
	r death. Page 6 may be	e funeral director, page al.	examiner must be
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Yours after death. Page 6 may be retained by the hospital or attending unwar	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the human be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	eath certificate be execu	attending physician and tal Hygiene prior to buri	y, or other traumatic
	law requires that the de	as been signed by the a	23 shows any injury
	IDING PHYSICIAN: The	After this certificate had death with the State D	s marked, or item
	HE HOSPITAL OR ATTEN	HE FUNERAL DIRECTOR: ed within 72 hours after	ORTANT: If Item 28 I
	10	5 ed	IMP

	FOR STATE REGISTRAR	STATE OF MARY	AND / DEPAI CERTIF	RTMENT	OF H	EALTH DE AT	AND M	ENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)						-	2. DATE OF DEATH			3. TIME OF DEATH	
	RICHARD M. BLIZZ	ZARD						September		994	5:00 A M	
	4. SOCIAL SECURITY NUMBER 220-24-1788	1 X M 2 D F 6	(In yrs. last birthday) 7 YRS.	IF UNDER MONTHS	1 YEAR DAYS	IF UNDER		7. DATE OF BIRTH (Month, Day, Year) 8-16-27		8. BIRTN Countr	IPLACE (State or Foreign y) 7 Land	
m	9s. FACILITY NAME (If not institution, give :						ON OF DEA	тн	9c. COUNT			
DIRECTOR	2243 Old Westmins	ster Pike		Fir	ıksb	urg			Carr	OTT		
HE S	10s. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN O	R LOCAT	ION	_				10d, INSIDE CITY	
	Maryland Car	roll	Fi	nksbu		MD ZIP CODE	21048	3			LIMITS?	
FUNERAL	2243 Old Westmins	ter Pike				2104				EN OF V	YNAT COUNTRY?	
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED	13. V	WAS DECI	ENDENT O	F HISPANIC	ORIGIN? (Specify Yes		4. BACE	— American Indian,	
₽¥E	1 Never Married 2 Married 3 Widowed 4 XXVivorced	FORCES? 1 X YES	2 NO	"	yes, spe	cify Cubs	n, Maxican, Specify:	Puerto Rican, stc.)		Black	white, stc.	
		WII Army									7411100	
	15. DECEDENT'S EDU (Specify only highest grade	completed)	18a. DECEDENT'S (Give kind of life. Do NOT u	Work done d	CUPATIO uring mos	St of working	g	18b. KIND OF BUS	SINESS/INDU	STRY		
3	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Truck-D					Transpo	rtati	on		
8	17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname)											
	Lloyd Andrew Blizzard Florence Mae Winters											
6	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	Goldie Fritz		2243	Old V	Vest	mins	ter F					
	20s. METNOD OF DISPOSITION 1 Byeurlel 2 Cremation 3 Removel from State 20b. PLACE AND DATE OF DISPOSITION (Name of competer), commandly or ether placed. 20c. LOCATION — City or Town, State											
	4 Donstion 6 Other (Specify)	CENSEE	t. Luke						Winds	or,	Ma.	
	22. NAME AND ADDRESS OF FACILITY Thomas D. Fletcher & Son Funeral Home 254 E. Main St. Westminster, Md. 21157											
	23. PART i. Entar the diseases, or shock, or haart failure.	complications that cause List only one cause on a	d the death. Do i	not enter t	ha mod	da of dyi	ng, such a	as cardiac or raspir	ratory arres	at,	Approximata	
	IMMEDIATE CAUSE (Final			1							intarval Between Onset and Daath	
	disease or condition reaulting in death)		OSISOF		IVE	X					16/30/94	
_		Ethan	CONSEQUENCE OF	F):								
CERTIFICATION	Sequentially ilat conditions, if any, leading to immediate	u-	CONSEQUENCE OF	7):							1030 BIT	
S	cause. Entar UNDERLYING CAUSE (Disease or injury	c.										
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	7:								
H	readiting in dailin CAST	d										
AL (PART ii. Other significant condition	s contributing to death b	ut not reaulting	n tha und	leriying	cause gi	ivan in Pa	irt i. 24s. WAS AN	MUTOPSY	24b.	WERE AUTOPSY FINDINGS	
20	Ascites	PANNIC	ルルン					PERFORI	V		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDIC									1		DF DEATH?	
ä												
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:		CE OF DE	ATN (Check	only one)				
ΥS	1 U YES 2 NO	1 Inpatient 2 ER/Outp		4 - Nursi	ng Nome	_		Other (Specify)				
	1 Natural 5 Pending	(Month, Day Year)	28b. TIM	URY A	WOR	RK?		8d. DEŞCRIBE NOW IN	JURY OCCU	RED		
ВУ	2 Accident Investigation 3 Suicide & Could get be	28s. PLACE OF INJURY	- At home farm s	treet factor		E\$ 2 🗌	_	et Location (o				
E .	4 Nomicide 6 Could not be	building, atc. (Spec	ify)		y, omes		1	6f. LOCATION (Street ar City or Town, State)	na Number or	HUMI H	Sute Number,	
COMPLET	29a. CERTIFIER (Check only	CIAN: To the best of my know	edge, death occurre	d at the tim	a data a	and mlane	and due to	Ab				
8	one) 2 MEDICAL EXAMINE	R: On the basis of sxamination	and/or Investigation	n, in my opi	nion, de	ath occure	d at the tim	the cause(s) and mann re, dats and place, and	dus to the c	suse(s)	and manner as stated	
	29b. SIGNATURE AND HILE OF CERTIFIER						ISE NUMBE				(Month, Day, Year)	
TO BE	J. Gali	مرس ساز					1660		▶ 9-1			
F	30. NAME AND ADDRESS OF PERSON WHO				- /							
	Thomas K. Galvin 31. DATE FILEO (Month, Day, Year)			gton	Rd,	West	tmins	ter, MD 2	115/	S. C. Start Brown St. Day		
	SEP2 (1994 June	32. REGISTRAR'S SIGN.										

1 - STATE REGISTRAR	′	OINIE OI I	C	ERTIF				MEN	REG. NO	_		
1. DECEDENT'S NAME (First	1. DECEDENT'S NAME (First, Middle, Last) ALIKE BENGE 2. DATE OF DEATH MONTH											3. TIME OF DEATH
H	321		1000						9 18	0	YEAR	7 Pm
4. SOCIAL SECURITY NUMI		5. SEX	6. AGE (In yrs. la		IF UNDER 1 Y		UNDER 24 HRS.	7.5	DATE OF BIRTH	1925	8. BIRTH Country	PLACE (State or Foreign
219-10-96		1 M 2 X/F	69	YRS.				At		925		t Virginia
9a. FACILITY NAME (If not in		,					OCATION OF			9c. COL	INTY OF D	EATH
Carroll C		Gen. H	lospita	11	Wes	tmi	nster			C	arro	11
10a. STATE	10b. COUNTY			10c. CITY	TOWN OR L	LOCATION						10d. INSIDE CITY
MD	Carr	oll		We	stmi	nste	er					LIMITS?
10e. STREET AND NUMBER						10f. ZII	CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
3025 01d	Washi	ngton R	Road			:	21157			Un:	ited	States
11, MARITAL STATUS 1 Never Married 2 X	Manufact	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A	RMED NO	13. WAS	S DECENE	ENT OF HISP	ANIC OI	RIGIN? (Specify Yes	or No-	14. RACE Black	— American Indian, , White, atc.
3 Widowed 4 Divo	- 1	IF YES, GIVE W					NO Spec		anto mean, atc.;		Speci	
15. DEC	EDENT'S EDUC	CATION	16a. D	ECEDENT'S t	ISUAL OCCU	IPATION			16b, KIND OF BUS	CIMERC/IM	DIICTOV	WILLE
	ly highest grade		(0	Give kind of we e. Do NOT use	ork done duris	ng most of	working		IND. KIND OF BUS	SINESS/IN	DUSTRY	
12.	,	College (1-4 of 5		Iomem	aker			- !	n/a			
17. FATHER'S NAME (First, M	fiddle, Last)					18	MOTHER'S N	AME (F	irst, Middle, Maiden	Sumame)		
Howard W	. Ba	rber				(Orpha		R	odge	ers	
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	treet and h	lumber or Rura	l Route	Number, City or Tow	n, State, Zi	D Code)	21157
Claudie	н. в	enge	3	025	01d	Wasl	ningt	on	Rd., W	esti	nins	ter, MD
20a, METHOD OF DISPOSIT		oval from State	20b. PLACE	AND DATEO	F DISPOSITIO	N (Name	7/21/	94	DATE 20c. LO	CATION —	City or To	wn, Stata
4 ☐ Donation 5 ☐ Other	(Specify)				Mem		11 Ga		ens Fi	nksl	ourg	, MD
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE				_	DDRESS OF F		1 Home	5 ('han	0.1
Kather	ine-	Pritto -	Miritar	0								nster, MD
23. PART I. Enter the d	Iseasea, or c	omplications tha	t caused the d	eath. Do no	ot entar the	moda	of dying, su	ch as	cardiac or reapi	ratory ar	reat,	Approximata
IMMEDIATE CAUSE (Fir		ist only one cau	ise on each lin-	e. . O 0		00	1	2	11 13/	20		Interval Between Onset and Death
disease or condition	→	, K	7SP	1 KF	410	K	1 +	+	1401	4		124/2
1000		DUE TO	(OR AS A CONSE	QUENCE OF	1 /3		A					(13
Sequentially list condit	Iona.		111	HY	321	γ						
if any, leading to imme- cause. Enter UNDERLY	diate	DUE TO	(OR AS A CONSE	QUENCE OF	:							
CAUSE (Disease or Inju		DUE TO	(OR AS A CONSE	OUENCE OF								
resulting in death) LAS	т											
												1
PART II. Other aignifica	ondition:	contributing to	death but not	rasulting Ir	the under	rlying ca	uaa given ir	n Part	i. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
<u> </u>	COL	1600	NPE	MH	<u> </u>				1 TYES 2	MO		COMPLETION OF CAUSE OF DEATH?
										\sim		1 YES 2 NO
DID TOBACCO U		IBUTE TO CA			S NC		UNCERTA	IN [
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:		CE OF DEATH	OTHER:	one)						
1 YES 2 NO		1 / Inpatient 2 -		26b. TIME		Home 5			Other (Specify)			
1 Natural 5	Pending	(Month, Di		INJU	RY	WORK?	2 NO	260.	DESCRIBE HOW II	NJURY OC	CURED	
2 Sulates	Investigation	28a. PLACE O	F INJURY — At he	ome, farm, st			2 10	261	LOCATION (Street a	and Number	or Own O	outo Number
	Could not be determined	building,	atc. (Specify)		out, ractory,	Office		201.	City or Town, State)	nu Numbe	or Hurai Hi	oute Number,
29s. CERTIFIER	TEVING BUVEIG	MAN: To the heat of					and the same				_	
		CIAN: To the best of										and manner as stated.
29b. SIGNATURE AND TITLE		4	The state of the s	yanıyanı	, at my opini	_			uma snu place, an			
AV THE TITLE	ON CERTIFIER	DU	9			290	LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALIS	E OF DEATH ATE	M 27) /X '	Print)	- (J 77	4	2		1,18	74.
N. PA-	266	1813	mn.	2/) h)a	shu	X	on 165.	W.	estr	m) 3 ster
SEP2 0 19	94	32. REGISTRA	R'S SIGNATURE					-				

TO BE COMPLETED BY FUNERAL DIRECTOR

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

9

		FOR
1	_	STATE
		REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	,	SIAIE OF N		DEPAF ERTIF					MENTAL HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First	t, Middle, Last)				IOAII		DEA		2. DATE OF DEATH			3. TIME OF DEATH
	BARONAS								SEPTEMBER DA	17.1	YEAR 994	5:55 PM
4. SOCIAL SECURITY NUMBER	BER 5.	SEX	6. AGE (In yrs.	last birthday)		R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			IPLACE (State or Foreign
024-16-0574	1	☐ M 2 💢 F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	May 4, 1919			ne, New Jersey
9a. FACILITY NAME (If not in	nstitution, give street	and number)			9b. CIT	Y, TOWN OF	LOCATIO			9c. COU	NTY OF D	
THE JOHNS I		HOSPITA	\L		BAL	TIMOF	RE C	ITY				
RESIDENCE OF DEC	10b. COUNTY											
						OR LOCATION	ON					10d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER	Charles			Bry	ans I							1 YES 2 NO
							ZIP COOE			10g. CIT	IZEN OF V	WHAT COUNTRY?
6792 Amherst R							20616	· ·			5.A.	
11. MARITAL STATUS 1 Never Married 2 🔯		. WAS DECEDEN FORCES? 1	T EVER IN U.S.		13.				IC ORIGIN? (Specify Yes 1, Puerlo Rican, etc.)	or No-	14. RACE Black	E — American Indian, k, White, atc.
3 Widowed 4 Divo		IF YES, GIVE V	AR OR DATES			1 TYES					Spec	
										White		
(Specify only highest grade completed) (Give kind of work done during most of working												
Elementary/Secondary (0-12) C	College (1-4 or 5 -	•)							N/A		
17. FATHER'S NAME (First, N	fiddle, Last)			Homens	Ker		16 MOTE	IED'S NAI	ME (First, Middle, Maiden :			
Francis	Mai]	lo					10. 10011					
19a. INFORMANT'S NAME (LE .		19b MAII INC	ACCRES	e (Come) as	of Mumbas		aret I Noute Number, City or Town	Hilt	0-4-1	
							O Number	or nurai r	ioute Number, City or lown	i, State, Zij	Gode)	
John Barona 200. METHOO OF DISPOSIT			001.01.40		as #'							21000
1 Burial 2 ☐ Cremetic		from State	cemetery, o	E AND DATE crematory or o	ther place,)					City or To	00000
21. SIGNATURE OF FUNERA			Maryl	and Vot	erang	Ceme	tery	Sept	ember 21,199	4 Ch	elten	oam, Maryland
role 1	1 00	- 11				Willi	ams F	unera	l Home, P.A.			
/ Wirl	111	llie	M00	668					nt Rd., India	an Her	ed. M	1. 20640
IMMEDIATE CAUSE (Findisease or condition reaulting in death)	a	Selve	OR AS A CONS	no.	1	col			r as Cardiac Of Teaph	atory ar	reat,	Approximate interval Between Onset and Death
Sequentielly list condit if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju- thet initieted events resulting in deeth) LAS	indiate ING c		(OR AS A CONS									
PART II. Other algnifica	O USE CO					ATH Y	ES [] NC	PERFOR	MED?	24b	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2
25. WAS CASE REFERRED T EXAMINER?		SPITAL:	3.77		OTHE		ICE OF O	EATH (Che	ck only one)			
27. MANNER OF BEATH	1	Inpatient 2	ER/Outpetlant		4 🗆 Nu	rsing Home		aldence	6 Other (Specify)			
	Pending	28a. OATE OF (Month, D		28b. TIN	IE OF JURY M	28c, INJU WOR	RY AT K? ES 2	NO.	28d. DESCRIBE HOW IN	IJURY OC	CUREO	
	Investigation Could not be	28s. PLACE O	F INJURY — At atc. (Specify)	home, farm,	atreet, fac				28f. LOCATION (Street at City or Town, State)	nd Numbe	or Rural F	Route Number,
4 Homicide	determined								, or rown, state)			
									to the cause(a) and man			i) and manner as stated.
29b. SIGNATURE AND TITLE	CENTIFIER						29c. LICE 454	NSE NUM	357/SPAN	29d. DAT	E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS O	F PERSON WHO C	OMPLETED CAU	SE OF DEATH (IT	TEM 27) (Type		BA	47		141 213	6	2	
31. DATE FILED (Month, Day,	Year)	32. REGISTRA	R'S SIGNATURE	CILL		12/1	0)	V	V-1) [[0 (
9/ SEP/2	0 1994	Jalia	Ohvelson	Karball								

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TYNNS PRODUCT

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

COMPLETED

BE

9

29s. CERTIFIER (Check only one)

HOWARD M.

31. DATE FILED (Month, Day, Year)
SEP 2 0

HAFT MD P.O.

1994

BOX

32. REGISTRAR'S SIGNATURE Reveals Provided

			•	.*							94	1 5	8625	
	FOR STATE REGISTRAR	STATE OF	MARYLAND (/ DEPAR					MENTAL	HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH		1.1.4.1	3. TIME OF DEATH	
	JAMES ATLAS				BRA	DSHA	w J	R.	SEP		6 19	YEAR QL	9:00 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs.	last birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BURTH	0 12	8. BIRTHP	LACE (State or Foreign	
	224-22-7878	1 🔀 M 2 🗌 F	68	YRS.	MONTHS	DAYS	HOURS	MIN.	OCT	Day, Year) 28,1	925	NORT	H CAROLINA	
	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY	Y, TOWN C	R LOCATION	ON OF DE				NTY OF DE		
1 5	212 GENTRY CT.	(residen	ce)			BRY	ANS	ROAD)		CHARLES			
5	RESIDENCE OF DECEDENT													
DIRECTOR	10e. STATE 10b. COUNT				Y, TOWN		ION						10d. INSIDE CITY LIMITS?	
		LES		BRY	ANS :								1 XYES 2 NO	
FUNERAL	10e. STREET AND NUMBER					10f	. ZIP CODI	_			10g. CIT	IZEN OF WI	HAT COUNTRY?	
	#212 GENTRY COURT						206					ED ST	ATES	
15	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDED FORCES?	VYES 2	ARMED NO					NIC ORIGIN	? (Specify Yes	or No—	14. RACE Black,	- American Indien, White, etc.	
₽	≥ 3 M Wildowed 4 Divorced FYES 2 NO Specify: Specify:									rt .				
8	15. DECEDENT'S EDU			DECEDENT'S	I I I I	CCUPATIO	NA.		1445	KIND OF BU		DUCTON	BLACK	
	(Specify only highest grade Elementary/Secondary (0-12)	completed)		(Give kind of life. Do NOT u	work done	during mo	st of working	ng	100.	KIND OF BU	PINESSINE	JUSTHY		
COMPLET	12TH GRADE	College (1-4 or 5	·	ECURI	דע כו	ΙΊΔRD				COVEDN	MENT			
	17. FATHER'S NAME (First, Middle, Lest)			BOOKE	TY GUARD GOVERNMENT 18. MOTHER'S NAME (First, Middle, Meiden Surname)									
	JAMES A. BRADSHAW	SR								BRADS				
BE	19e. INFORMANT'S NAME (Type/Print)	, DR.		19b. MAILING	ADORES	S (Street a				er, City or Tow		Code1		
2	THELMA DANLEY									AMPTON			A 23669	
	20e. METHOD OF DISPOSITION 1 Burlel 2X X Cremation 3 Rem 4 Donetion 5 Other (Specify)	ioval from State	20b. PLAC	EANDDATE	DATE OF DISPOSITION (Name of or or other place) ORTHORY ONTE 20c. LOCATION — City or Town, State WALDORF, MARYLAND							rn, State		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE 4-	HUNI	1 CRE			ID ADDRE			WAL	DORF	, MAR	YLAND	
	pydu Chu	NTON JOH	NSON MO	رب 0583	T	HORN'	TON	FUNE	RAL I	HOME,		0		
	23. PART t. Enter the diseases, or ahock, or heart failure.	complications the	at caused tha	daeth. Do	not entar	tha mo	da of dyi	ing, auc	h as card	ac or resp	ratory an	rest,	Approximate	
	IMMEDIATE CAUSE (Final	List only one ca	use on aach III	na.									Interval Between Onset and Daath	
	disease or condition reauiting in death)	a.	Can	187									Lean	
	, roading in county	DUE TO	(OR AS A CONS	SEOUENCE O	F):								1100	
Z		b												
RTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO	(OR AS A CONS	SEQUENCE O	F):									
2	cause, Enter UNDERLYING CAUSE (Disease or Injury	c												
	that initiated events resulting in death) LAST	OUE TO	(OR AS A CONS	SEQUENCE O	F):									
CER		d												
	PART II. Other significant condition	ns contributing to	death but no	t resulting	in the ur	nderlying	g causa g	given in	Part I.	24a. WAS AN	AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS	
MEDICAL										PERFOR	1 -		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
									_	1 TYES 2	NO		OF DEATH?	
	DID TOBACCO USE	CONTRIBILIT	E TO CA	USE OF	DFA	TH Y	ES C	1 NC			1		1 YES 2 NO	
Į.	25. WAS CASE REFERRED TO MEDICAL							,	eck only one	»)				
PHYSICIAN:	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHEI		1		8 🗆 Other					
Ĭ	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT			CRIBE HOW I	NJURY OC	CURED		
ВУР	Natural 5 Pending Investigation	(Month, L	ray, roar)	IN.	JURY M	1 Y	RK7 \ (ES 2 [] NO						
ED B	3 Suicide 8 Could not ba	28e. PLACE (OF INJURY — At etc. (Specify)	home, farm,	street, fact	tory, office			28t. LOCA	TION (Street or Town, State)	and Number	or Rural Ro	ute Number,	
il im	4 Homicide determined							- 1	J., C					

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

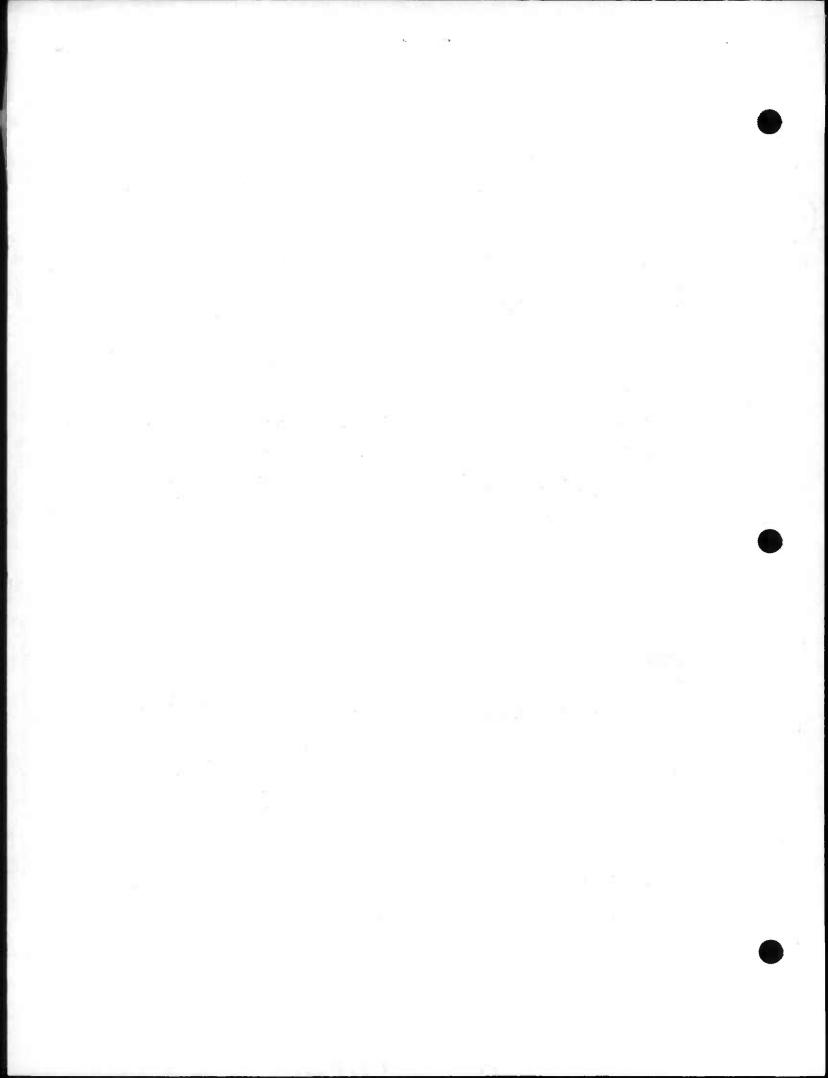
D-27348

1647 WALDORF, MARYLAND 20604

DHMH-18 Rev 1/89

29d. OATĘ

SIGNEO (Month, Day, Year)



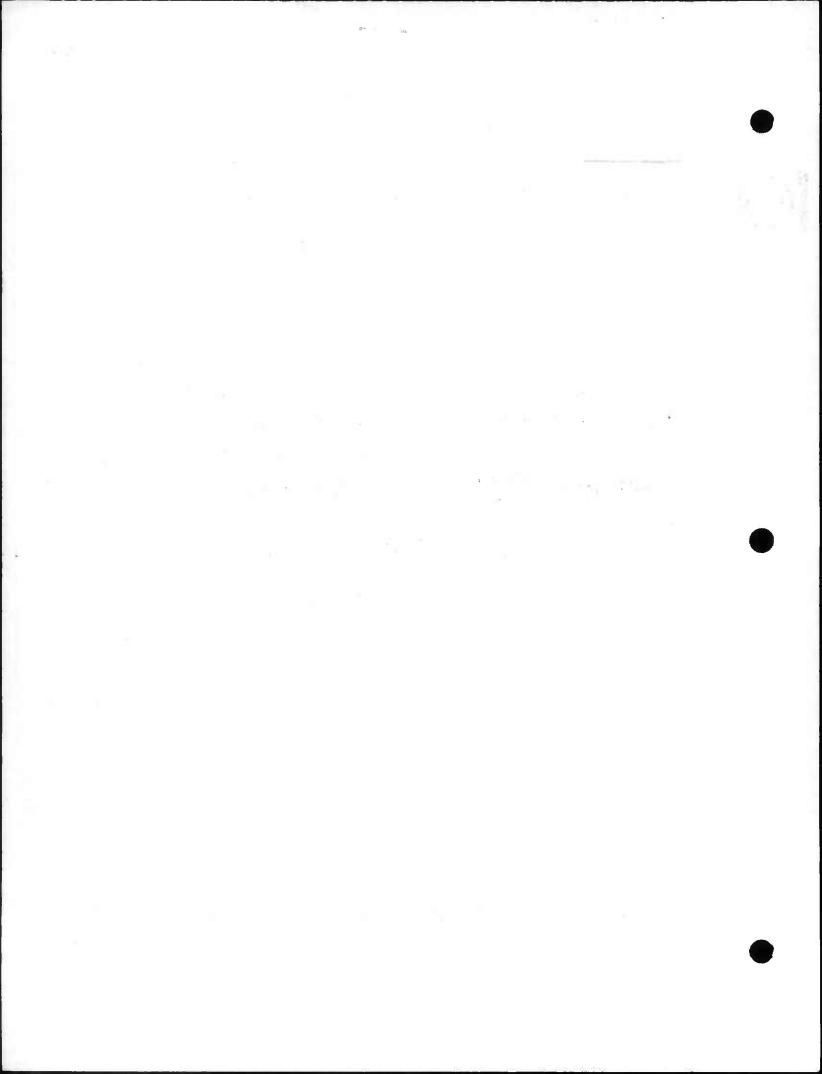
SEP 2 0 1994

	ITEM: 4. PER F.H. FIL								24	Eva	0010	
	1 - STATE REGISTRAR	STATE OF MARY	YLAND / Ce	DEPAR	ITMENT OF H	DE AT	ND N	MENTAL HYGIEN BEG. NO.				
	1. DECEOENT'S NAME (First, Middle, Last)		- 0.		IOAIL OI	DEATI		2. DATE OF DEATH			3. TIME OF OEA	ТH
	CARL	BERVIN	BLAN	IKEN	SHIP			SEPT. 18	B	94	4:07	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 2		7. DATE OF BIRTH (Month, Day, Year)		a. BIRTH	PLACE (State or f	Foreign
	218-70-7648 218-07-7648	1 🔀 M 2 🗌 F	35	YRS.	MONTHS DAYS	HOURS	MIN.		958	Countr	v York	
	9e. FACILITY NAME (If not institution, give s	TY NAME (If not institution, give street and number) ORD MEMORIAL HOSPITAL E.R. HAVRE DE NOCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Abendeen TO AND NUMBER TO AND NUMBER TO AND NUMBER 101. ZIP CODE TO AND NUMBER 102. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yea, specify Cuben,	OF DE			NTY OF D						
OR		AL HOSPITA	AL E.	R.	HAVRE	E DE	GRA	ACE	HA	RFO	RD	
DIRECTOR	RESIDENCE OF DECEDENT 106. STATE 10b. COUNT	v		10a CIT	Y TOWN OR LOCAT	201						
<u>E</u>	English the same			100. 011						ı	10d. INSIDE CIT LIMITS?	
	10e. STREET AND NUMBER	riora		<u> </u>			<u>n</u>		10- 017	ZEN OF V	1 Tyes 2 X	NO
FUNERAL	76 Valley Botton	n Rd			101		2100	1	`		THAT COUNTRY?	
3	11. MARITAL STATUS		R IN U.S. ARI	MED	13. WAS DEC					USA	— American Ind	lan
	1 Never Merried 2 Married	FORCES? 1 TY	ES 2 XN		If yea, spe	city Cuban,	Mexicen	, Puerto Ricen, etc.)		Black	, White, atc.	, , , , , , , , , , , , , , , , , , ,
В	3 Widowed 4 Divorced				,	2 22 110	оресну.			Speci	" White	9
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Gh	ve kind of s	work done during mo:			16b. KIND OF BUS	SINESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	se retired.)							
M			Car	.pet	Installe			Carpa		ıLes		
		Blankonsh:	in				_	IE (First, Middle, Maiden				
BE	19e. INFORMANT'S NAME (Type/Print)	Didikelisii	<u> </u>	MARINO	ADDRESS (Street o			Lou Und				-
임	The state of the s	enship									01	
							ш.,		CATION -			
	20e. METHOD OF COSTION 1 M Buriel 2 I martion 3 - Rem 4 - Donation Other (Specify)	oyal from Stata	semetery, cren	natory or o	ther placel		-0737	9-21-94	Jopp			
	21. SIGNATURE OF FUNERAL SERVICE 10		<u> </u>	<u> </u>	22. NAME AN				υορρ	a, r.	u.	
	DAMINGIM!	1/0/19/11	01/	-	Howar	d K.	McC	omas III E	uner	al H	ome, P.	Α.
	23 PART L Enter the diseases, or	omplications that cau	sed the dea	ath. Do r	of enter the mor	Cokes	bur	v Rd. Abi	ngdo	n. M	d. 2100	
	23 PART L Enter the diseases, or shock, or heart failure.	List only one cause or	eech line.		. ~		g, acon	or covered or recopi	^		interval E	Between
	disease or condition	Menc	Dec L	2119	fri (alin	10.4	cular	The	0.4	Onset an	u Deetn
	reaulting in deeth)	DUE TO (OR A	S A CONSEO	UENCE O		you	Vod	Charles	DIS			
z	200000000000000000000000000000000000000	b.										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEO	UENCE O	F):							
ঠু	cause. Enter UNDERLYING CAUSE (Disease or injury	с										
造	that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEO	UENCE OI	F):							
		d										
اتا	PART II. Other eignificent condition	s contributing to deeth	h but not re	euiting	in the underlying	ceuse giv	ren in P			24b.	WERE AUTOPSY F	
일								PERFOR			AVAILABLE PRIOR COMPLETION OF	
핗											OF DEATH?	NO
ż	DID TOBACCO USE CONT	RIBUTE TO CAUSE	OF DEAT	TH YE	S NO	UNCE	RTAIN					225
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE	OF OEAT	TH (Check only one)							
PHYSICIAN: MEDICA	1 X XES 2 NO	1 Inputient XXER/O	outpatient 3	□ DOA	OTHER:	5 🗆 Reek	dence 8	Other (Specify)				
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28a. OATE OF INJUR (Month, Day, Year		28b. TIM INJ	URY WO	JRY AT RK?		28d. DESCRIBE HOW IN	JURY OCC	CUREO		
BY	2 Accident Investigation					ES 2 🗌 1	-					
8	3 Suicide 8 Could not be 4 Homicide datarmined	26a. PLACE OF INJU building, etc. (S	JRY — At hon Specify)	no, ferm, s	street, factory, office	•		28t. LOCATION (Street a City or Town, State)	nd Number	or Rural R	oute Number,	
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of my ba	owlades d	th occurr	ad at the time of	and at	-4.4					
MP		CIAN: To the best of my kn R: On the basis of examina									and manner en	etated
	29b. SUPPLETURE AND TITLE OF CERTIFIES	1	02/74/2	^	, -,							
BE	1 fluor	well	MM)	- 1	O.C			≥ S	EPT	(Month, Day, Year) . 18, 19	94

OEATH (ITEM 27) (Type, Print)
111 Penn Street, Baltimore, Maryland 21201

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ours after death. Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with



1 🔀 M 2 🗌 F YRS. none 9 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATIO FUNERAL DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE C RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Harford Maryland Bel Air 10e. STREET AND NUMBER 10f. ZIP CODE use as the burial-transit 1406 Gunston Rd 210 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT O BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 1 TYES 2 TO NO 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of workin life. Do NOT use retired.) (Specify only highe signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for Health and Mental Hygiene prior to burial, cremation, or removal. Elementary/Secondary (0-12) College (1-4 or 5 +) 0 infant once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTH ř Robert Lewis Bailey BE Pat notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number 2 1406 Gunston Rd., Robert L. Bailey be 20s. METHOD OF OISPOSITION
1 M Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must cametery, cramatory or other place; Rock Run Cemetery examiner 21. SIGNATURE OF PHYERAL SERVICE LICENSEE 22. NAME AND ADDRES Howard K. 1317 Cokes medical 23. PART I. Entar the diseases, Dr complications that caused the deeth. Do not entar the mode of dyi shock, or heert feilure. List only one ceuse on each line **IMMEDIATE CAUSE (Final** the disease or condition resulting in death) Hupoplastic lungs
bue to (OR AS A CONSEQUENCE OF): OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, BOX 68760. Concenital polycystic kidney d traumatic CERTIFICATION Sequentielly liet conditions, if eny, lesding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF): P.O. that initiated evente resulting in death) LAST 0 shows any Injury, DIVISION OF VITAL RECORDS, PART ii. Other eignificent conditions contributing to death but not resulting in the underlying ceuse g MEDICAL been : has be Dept. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ☐ NO 🖾 PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) this certificate h Hem HOSPITAL: 1 TES 2 NO 10% Inpatient 2 - ER/Outpatient 3 - DOA 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 1 🔀 Natural 1 YE8 2 BY After 2 Accident Investigation 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Sulcide 28 is 8 Could not be DIRECTOR: / COMPLETED The The 29a. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurr 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICE BE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

32. PEGISTRAR'S SIGNATURE Jalia Davelson-Rardall

SUSAN K. McCUNE.

SEP 2 0 1994

31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH

Christopher

FOR STATE REGISTRAR

2

1. DECEDENT'S NAME (First, Middle, Last)

BAILEY

BABY BOY

4. SOCIAL SECURITY NUMBER

ARYL	AND /	DEPAR	TME	NT O	F HEALTH	AND I	MENTA			E	Y	line	002,7
ist		r P						E OF	DEATH MBER	16	1 ['] 5 ['] 5		1:35 P M
. AGE (in yrs. las	birthday) YRS.	IF UNI	DER 1 YE		24 HRS. MIN. 45	7. DATI	E OF E	BIRTH ny, Year)		8. BIRT	HPLA	CE (State or Foreign
			9b. C	ITY, TOV	VN OR LOCATION			Jt.	16,		NTY OF I	_	land
L_			BA	ALTI	MORE C	ITY							
		10c. CIT			Air								LINSIDE CITY LIMITS? YES 2 X NO
					10f. ZIP CODE					10g. CIT	USA		COUNTRY?
EVER IN	U.S. AR	MED		13. WAS	DECENDENT O	015	VIC ORIG	IN? (S	nacify Yes	or No.			American Indian,
YES OR DA		0		If yes	, specify Cuba YES 2 ∑NO	n, Mexica	n, Puerlo				Spec	ik, Wi city:	White
	(Gi	CEDENT'S we kind of a Do NOT us	work do	ne during	ATION most of working	g	16	b. KIN	D OF BUS	INESS/INE	DUSTRY		
		i	nfa	nt						_			
									le, Maiden	,			
							-	_	n Zi			_	
					eet and Number								
20h		NDDATE	_		n Rd.,	вет		TE.		ZIUI:		Daw (I)	State
cam	etery, cra	natory or o Run (ther place	ete:	сy		20-9						ce, Md.
ly			1	Howa	ard K. 7 Cokes	McC	omas						e, P.A.
aused on e	the de	eth. Do r			moda of dyi								Approximata intervel Between Onset and Deeth
ustic	د اد	LNGS HUENGE O	_										9 Hrs 45min
				kic	dney d	isea	se						9 HRS 45min
R AS A	CONSEC	UENCE O	F):			_							
eath h	ut not r	eulting	In the	underi	ying ceuse g	duen in	Part i	1 244	. WAS AN	ALITOREY	Lau	MIE	DE ALITORAY EMPIRIOS
				unuen	ying couse y	jiven in			PERFOR	MED?	246	COL	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
		TH YE			₽ UNC	ERTAII	N D	L					1123 1 1 100
	atlent 3		ОТН	ER:		-1.4							
JURY Year)	allein J	28b. TIM		28c.	Home 5 Ra INJURY AT WORK? YE8 2	NO NO		_		JURY OC	CURED		
INJURY c. (Spec	— At ho	ne, ferm,	atreet, f			,	281. LO City	CATIO y or To	N (Street a	nd Number	or Rural	Route	Number,
y knowl	edge, de	ith occum	ed at th	e time	data and placa,	and due	to the co	use/-) and men	ner se ste	led.		
												a) and	I manner as stated.
					29c. LICE D4	S99				29d. DAT	1. 1.	14 14	nth, Day, Year)
		1 27) (Type		6 13		D. 11			0.5		1.01	. 1	
70	uM2	1107	KIN	2 ()	MIVERS 17	HY	19201	TAL	٠, حرب	12C 7	10		

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

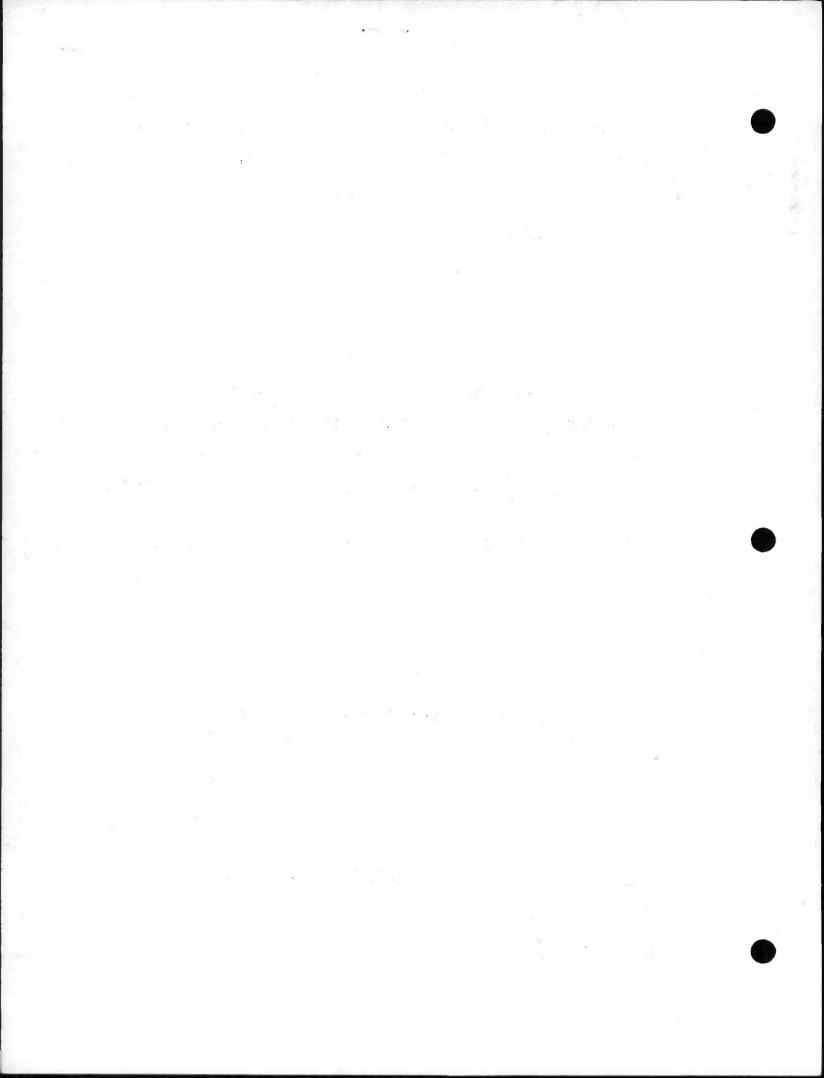
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

_	REGISTRAN				SHIII	IVALL	_ 01	DEA		nc	G. NO.				
	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF OR MONTH	EATH	,	YEAR	3. TIME OF DEATH	
	JOAN			DGES						Sept.	19	, 19		5:08 AM M	
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	B. AGE (In yrs. las		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BII (Month, Day,			8. BIRTH Count	IPLACE (State or Foreign ry)	
	249-56-7262		1 □ M 2 🔯 F	58	YRS.		728			Dec. 1	, 19	35		h Carolina	
.	9e. FACILITY NAME (If not in		treet and number)			9b. CITY	r, TOWN	OR LOCATI	ON OF DE	EATH		9c. COU	NTY OF D	DEATH	
ECTOR	410 Acadia					_ Jc	ppa	towne	<u> </u>			На	urfor	d	
	10e. STATE	10b. COUNTY	7		10c. CIT	Y, TOWN	OR LOCA	TION	-				41.02	10d. INSIDE CITY	
E C	Maryland	н	arford			Tor	nna+	owne						LIMITS? 1 YES 2 NO	
اہ	10e. STREET AND NUMBER	li .			-	300		H. ZIP COD	E			10g. CIT	10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	410 Acadia	Rd.						21	.085				USA		
5	11. MARITAL STATUS		12. WAS DECEDEN			t3.	WAS DE	CENDENT C	F HISPAN	IIC ORIGIN? (Spe	ecify Yee	or No-	14. RAC	E - American Indian,	
2	1 Never Married 2 X 3 Widowed 4 Divo		IF YES, GIVE V	☐ YES 2 🔀 I	NO			pecify Cube 3 2 🔀 NO		n, Puerto Rican,	etc.)		Spec	k, White, etc.	
														White	
EIED	(Specify onl	EDENT'S EDUC y highest grade		(G	ive kind of	work done	during m	ON ast of working	ng	16b. KIND	OF BUS	INESS/INI	DUSTRY		
	Elementary/Secondary (t	0-12)	College (1-4 or 5	+) //	Do NOT us		_				**				
COMPL	17. FATHER'S NAME (First, M	liddle (pet)	·		НО	mema	ker	10 1107	UEDIO NA	ME (First, Middle,	Ho				
	Andrew Jam		cker, S	r									200		
מ	190, INFORMANT'S NAME (CVET' D		b. MAILING	ADDRES	S (Street		liar	1 O'De. Route Number, Cit		DeMa State Zi	-00 107		
2	George E. B	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								towne,					
	20e. METHOD QE DISPOSIT			205 PLACE					Oppo	DATE				own, State	
	1 ☐ Buriel 2 ← Cremetic	(Specify)	oval from State	R.A.	Ferr	ther place)	rema	atory	9-2	1-94					
21. SIGNAPORE COVUMERAL SERVICE LIGHNSEE // 22. NAME AND ADDRESS OF FACILITY															
Howard K. McComas III Funeral Home, P. 1317 Cokesbury Rd., Abingdon, Md. 21009									Home, P.A.						
	23. PART i. Enter the d	iseashs, or o	complications the	t caused the de	ath Do	1	JI/	COKE	Sour	y Ro.,	AO1	ngao	n, M	Approximate	
	shock, or h	asrt failure.	List only one cau	ise on aach ilni	n.									intarvai Between	
	IMMEDIATE CAUSE (Find disease or condition	nal	Widea	pread,	Met	ast	at	ic A	Todo	imina	10	040	or	Onset and Death	
	resulting in death)	7	0	(OR AS A CONSE			-			The page	10	4700		months	
2			4			,								i	
፬	Sequantisity iist condit if any, leading to imme		DUE TO	(OR AS A CONSE	OUENCE O	F):									
5	cause. Enter UNDERLY CAUSE (Disease or inju	ING	c												
	that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSE	OUENCE O	F):									
CERTIFICATION	resoluting in death) LAS		d												
	PART ii. Other significa	nt condition	s contributing to	death but not	reaulting	in the u	ndarlyin	ng cause	given in	Part i. 24a.		AUTOPSY	248	. WERE AUTOPSY FINDINGS	
DICAL											PERFOR	. /		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ш										``	1 1 2 2	NO.		OF DEATH?	
	DID TOBACCO	O USE C	ONTRIBUTE	TO CAUS	SE OF	DEAT	TH Y	ES 🔲	NO	X				N.A.	
PHYSICIAN: M	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL						LACE OF D	EATH (Ch	eck only one)					
2	1 YES 2 NO		HOSPITAL:			OTHE		ne 5 PR	sidence	8 Other (Spe	cfty)				
E	27. MANNER OF DEATH		28e. DATE OF (Month, E	INJURY VINE	28b. TIM	IE OF	28c. IN	JURY AT ORK?	N.A.	28d. DESCRIB	E HOW IP	JURY OC	CURED		
2	1 Natural 5 2 Accident	Pending Investigation	N	- A ·	V -	A m	1 🗆	YES 2	NO	٨	1.A	•			
_		Could not be	28e. PLACE C building,	of INJURY — At he atc. (Specify)	ome, ferm,	atreet, fac	tory, offi	Ce		281. LOCATION City or Tow		nd Numbe	r or Rural	Route Number,	
COMPLEIED	4 Homicide	determined	N	<11:						A /	· A.	-			
		TIFYING PHYSI	CIAN: To the best of	my knowledge, de	eath occurr	ed at the	time, det	e end place	, end due	to the cause(e)	end men	ner ee sta	nted.		
5	one) 2 MED	ICAL EXAMINE	R: On the basis of a	xamination end/or	Investigation	on, In my	opinion,	death occu	red at the	time, date end p	place, en	d due to t	he couse(e) end manner es stated.	
פב	29b. SIGNATURE AND TITLE	OF CERTIFIER	3			1.		29c. LIQ	ENSE NUI	MBER		29d. DAT	TE SIGNE	O (Month, Day, Year)	
0	P. Jeffren	Ferri	2. M.D.	Physi	ciam	Snr	geor	1	13:	3 (35			9/1	9/94	
-	30. NAME AND ADDRESS O	-		_				1.5	C		Y = 1	,	n 1	L AID DIOTA	
	1. Jettte	yter	ris, M. T		10	tro	ink	lin	>9-	Dr. #	121	b	1301	10. My 21237	
	31. DATE FILED (NATE P)	20,199	4 32. RIEGISTRA	ARIS SIGNATURE	and I										
	7/17/	74.00							_						
														DHMH-16 Rev 1/89	



		FOR
1	-	STATE
		REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		SIAIE OF N	MAKYLA			ENT OF H ATE OF			MENTA	AL HYGIEN REG. NO			
1. DECEDENT'S NAME (First,	Middle, Last)						O L A			E OF DEATH			3. TIME OF DEATH
Keith C	Carlton	BLA	AMBLE						Ser	ot. 6,		YEAR	1:52 P M
4. SOCIAL SECURITY NUMBER	ER S	s. SEX	8. AGE (In	yrs. last birthde		JNDER 1 YEAR	IF UNDER		7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or Foreign
232-54-4321	1	1 🔀 M 2 🗌 F	7	6 YRS	S. MON	THS DAYS	HOURS	MIN.		g. 4, 1	918		ryland
9e. FACILITY NAME (If not ins	stitution, give stree	et and number)			9b.	CITY, TOWN	OR LOCATI	ON OF D				NTY OF D	EATH
Garrett Cou		morial H	Hospi	tal		0ak	land				Ga	rret	t
RESIDENCE OF DEC	10b, COUNTY			100	CITY TO	WN OR LOCA	LION						10d. INSIDE CITY
MD		Garrett		100.	GITT, TO	WIT ON LOCA		akla	- 4				LIMITS?
10e. STREET AND NUMBER		Garrett				T 10	. ZIP COD		na		10a CI7	TZEN OF V	1 TES 2 NO
Rt. 2, Box	2876						2// 15.	=)	1550	,		USA	That book this
11. MARITAL STATUS		2. WAS DECEDEN				13. WAS DEC	ENDENT C			IN? (Specify Yes			E — American Indian,
1 Never Married 2 🔀		FORCES? 1 IF YES, GIVE W				If yee, ap		n, Mexice	en, Puerto	Ricen, etc.)		Speci	k, White, atc.
3 Widowed 4 Divor	ced											opou.	White
15. DECE (Specify only	DENT'S EDUCAT	TION mpleted)		16e. DECEDEN (Give kind	of work o	done during mo		na	16	b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-	12)	College (1-4 or 5	+)	life. Do NO		•							
8th				F	arme	er					ming		
17. FATHER'S NAME (First, Mic		D.	1 1 1							Middle, Maiden			1.1
Charles 199. INFORMANT'S NAME (TV)	Luther	r B.	Lamb1					ther		Ozell			ller
Mabel L. Bl										nber, City or Tow			21550
20a. METHOD OF DISPOSITION			201	PLACE AND DA				0, 0	7	ind, Ma		City or To	21550
1 XBuriel 2 Cremation 4 Donation 5 Other		al from State	cama	tery cremetory	or other n	local		0 20 0	1				aryland
21. SIGNATURE OF FUNERAL	,	ISEE	1 Ga	TIELL		22. NAME A				9/1 Ua	Klan	u, M	aryland
▶ Radio	1. A M	Ja 1								Home			
23. PART i. Enter the dis	m / d	CLEUD ()		the death of		32	S. S	econ	d St	., Oak	land	, MD	
shock, or he	ert fellure. Lie	nt only one cau	iae on ee	ch ilne.	o not e	nter the mo	ae or ay	ing, euc	n es cei	rdiec or respi	ratory er	rest,	Approximate interval Between
iMMEDIATE CAUSE (Fine disease or condition													Onset and Death
resulting in death)	→ a.,	Congest	ive h	CONSEQUENCE	fail	ure							Days
					11.7								Years
Sequentially list condition if any, leading to immed	ons,	Atheros	(OR AS A	CONSEQUENCE	ard1	ovasci	ılar	disc	ease				Tears
csuse. Enter UNDERLYII CAUSE (Disesse or injur	NG	chronic	into	motit.	1.1	1	1						Years
thet initisted events	_	chronic	(OF AS A	CONSEQUENCE	OF):	rung (risea	ise					
resulting in death) LAST	d												
PART ii. Other significes	nt conditione	contributing to	deeth bu	t not regulting	ng in th	e underlyin	g ceuse	alven in	Pert i.	24a. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
										PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE
										1 🗌 YES 2	XNO		DF OEATH?
DID TOBACC	O USE C	ONTRIBUT	E TO	CAUSE	OF D	FATH	YES C	J N	O 4				1 123 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					-	ACE OF 0			one)		-1-	
1 YES 2 NO		HOSPITAL:	ER/Outpar	tient 3 🗆 DO		HER: Nursing Hon	ne 5 🗆 Re	esidence	6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH		26e. DATE OF (Month, D		28b.	TIME OF		URY AT		28d. OE	SCRIBE HOW I	NJURY OC	CUREO	
	Pending nvestigation						YES 2	□ NO					
3 Suicide 6 (Could not be	28e. PLACE O building,	F INJURY - etc. (Specif	At home, fer	m, atreet	, factory, offic	•		261. LO City	CATION (Street of Town, Stete)	end Numbe	r or Rurel I	Route Number,
V	latermined												
	FYING PHYSICIA	AN: To the beat of	my knowle	dge, death occ	curred at	the time, date	end place	, end due	to the co	euse(e) end mei	nner es ati	rted.	
one) 2 MEDIC	CAL EXAMINER:	On the beele of e	xamination	end/or inveatig	ation, in	my opinion, o	leath occu	red at the	time, dat	te and place, er	nd due to t	ha ceuse(i	a) and manner ee stated.
29b. SIGNATURE AND THE	OF CENTRIES	DDI	1	7		_		ENSE NU					(Month, Day, Year)
The state of the s	arally)	John	100	40			D	3003	35		P 0	9-06	-94
30. NAME AND ADDRESS OF													
Donald R. F				Box14	195	0ak1ar	nd, M	D 21	1550				
31. DATE FILED (MONTH Day.	9 100	32. REMSTRA	R'S SIGNA	TORE Roads	0								
A-1 /	A A 199.	TI Java	MINIM	ST PUNC	126								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ex hours after death. Page 5 may be retained by the itemporate by the attending physician and completely filled in by the human director, page 5 should be denoted by use as the human basiled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove the property of the property of the same than the state Dept. of Health and Mental Hygiene prior to burial, cremation, or remove the property of them 23 shows any Injury, or other traumatic event, the medical examiner must be neithed at once. BALTIMORE, MARYLAND 21215-0020

Athur High

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

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	_	ретт	
BALTIMORE, MARYLAND 21215-0020	JING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physicians.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-trangit permittees as the permittee of the per	or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	4. SOCIAL SECURITY NUMBER		ivian		blitz IF UNDER 1 YEAR	IF UNDER 24 HRS.	1 9 10 10 10	1994	3:25 BIRTHPLACE (State or		
	211,-50-9131	1 🗆 M 2 🛴 F	98		MONTHS DAYS	HOURS MIN.	Dec . 25, 18	395	Maryland		
HOL	9a. FACILITY NAME (If not institution, give Collingswood RESIDENCE OF DECEDENT		me			OR LOCATION OF DI	EATH	9c. COUNTY	ntgomery		
DIMECTOR	10a. STATE 10b. COU	Montgomery		10c. CITY	, TOWN OR LOC	Mascus			10d, INSIDE CIT LIMITS? 1 YES 2		
ERAL	100. STREET AND NUMBER 27605 Ridge	e Rd.	Daj.			101. ZIP CODE 20872			OF WHAT COUNTRY?		
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	RMED	If yes,	ECENDENT OF HISPAI specify Cuban, Mexica ES 2 NO Specifi			Black, White, etc. Specify:		
EIED	15. DECEDENT'S E (Specify only highest gra		16a, Di	ECEDENT'S I	USUAL OCCUPATION done during in retired.)	FION most of working	18b. KIND OF BU	JSINESS/INDUS	Whi.te		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	ik		retired.)		Own	n home			
COMPL	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, Maider				
BE		derick Kel					Ella Ports				
2	19e. INFORMANT'S NAME (Type/Print) Mi and am Daublit +	a Duren 77	15				Route Number, City or Tov				
-	Miriam Baublitz Duvall 27605 Ridge Rd., Damascus, Md. 20872 20a METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Location - City or Town, State Competery, crametery, crametery or other place)										
L	4 Donetton 5 Other (Specify) Grace Methodist 9/17/94 Hampstead, Md.										
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	-/		22. NAME	AND AGORESS OF FA	CILITY				
	Men L.	Wolen	ath	/			sworth, P. Rd. Damas		14 20872		
HILLICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Onest and I DUE TO (OR AS A CONSEQUENCE OF):										
EDICAL CERI	PART H. Other significant conditions	dions contributing to d	eath but not	resulting l	n the underlyl	ing cause given in	Part I. 24a. WAS APPERFO	RMED?	24b. WERE AUTOPSY AWAILABLE PRIO COMPLETION OF OF DEATH?		
Σ									1 🗍 YES 2 🗌		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26.	PLACE OF DEATH (Ch	eck only one)				
YSIC	1 TYES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER: 4 Nursing Ho	ome 5 🗆 Residence	6 Other (Specify)				
- 10	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigatio	28a. OATE OF II (Month, Day		28b. TIME INJU	JRY Y	NJURY AT YORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	RED		
5 11	2 Accident Investigation 3 Suicide 6 Could not be determined 6 Could not be determined 1 Accident 1 Accident 1 Accident 1 Accident 2 Accident 2 Accident 3 Suicide 6 Could not be determined 2 Accident 2 Accident 3 Suicide 8 Could not be determined 2 Accident 3 Suicide 8 Could not be determined 2 Accident 3 Suicide 8 Could not be determined 2 Accident 3 Suicide 8 Could not be determined 2 Accident 3 Suicide 8 Could not be determined 2 Accident 3 Suicide 8 Could not be determined 2 Accident 3 Suicide 8 Could not be determined 2 Accident 3 Suicide 8 Could not be determined 2 Accident 3 Suicide 8 Suicide								Rural Route Number,		
I ED BY	4 Homicide determined 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(e) end menner as stated.										
3	29a. CERTIFIER (Check only	YSICIAN: To the best of m							euse(e) end menner as		
O BE COMPLETED	29a. CERTIFIER (Check only	NER: On the beals of exa	mination and/o	Investigation	n, in my opinion.		time, date and place, e	nd due to the c	euse(e) end menner as		

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AL RECORDS, P.O. BOX 68760,	e law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician. In the burial-transit been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
- 61	93 -

	1. DECEDENT'S NAME (First, Middle, L		. Bennett			100	MONTH	OF DEATH DA		YEAR	3. TIME OF DEAT	н
	4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR					. 13,	1994		1300 PLACE (State or Fo	
	212-18-3494	1 📉 M 2 🗆 F				IF UNDER 24 HRS. HOURS MIN.	(Month,	Day, Year) 18.1		Country	vland	reign
OR	90. FACILITY NAME (If not institution, g Shady Grove RESIDENCE OF DECEDENT		Hospital	9b. CITY		OR LOCATION OF D	EATH		9c. COUN		mery	
DIRECTOR	10a. STATE 10b. CO		10c.	CITY, TOWN	Boy						10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER					20811			10g. CITIZ	EN OF W	HAT COUNTRY?	NO
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WE	EVER IN U.S. ARMED YES 2 NO		If yes, sp	ENDENT OF HISPAI ecity Cuban, Maxics 2 NO Specifi	n, Puarto R		or No—	14. RACE Black Specifi	- American India White, etc.	ın,
ED	15, DECEDENT'S (Specify only highest of	rade completed)	(Give kind	16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					16b. KIND OF BUSINESS/INDUSTRY			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		Dairy Farmer I					eiry Farming			
BE CO	17. FATHER'S NAME (First, Middle, Last Fletche	er D. Benne	tt	18. MOTHER'S NAME (First, A Carrie					Middle, Maiden Surname) L. Wright			
TO B	19a. INFORMANT'S NAME (Type/Print) Helen Belle	Rennett	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip. 20725 Clarksburg Road, Boyds, Md.									
	20a METHOD OF DISPOSITION 1 A Burial 2 Cremetion 3		20b. PLACE AND DA cemetery, crematory	ACE AND DATE OF DISPOSITION (Name of commence of comme						vn, State	-	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Clarksb	22.	NAME A	9/16/9 D ADDRESS OF FA	CILITY			urg,	Md.	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE	E OF):	Fai	lure					Lt da	
MEDICAL	PART II. Other algnificant cond Diabetes I		deeth but not resultir	t not resulting in the underlying ceuse given in				rt I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			WERE AUTOPSY FII AMAILABLE PRIOR COMPLETION OF C OF OEATH? 1 YES 2 N	TO
YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		OTHE		ACE OF DEATH (Ch	neck only one)				_
PH	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigat	1 Anpetient 2 D	ER/Outpetient 3 DO/ INJURY y, Year) 28b.		28c. INJ WO	URY AT PRES 2 NO		(Specify)	NURY OCC	URED		
TED BY	2 Accident Investigat 3 Suicide 8 Could not 4 Homicide detarmine	be 28e. PLACE OF building, e	FINJURY — At home, fari tic. (Specify)	m, street, fec	tory, offic		281. LOCA C/ty o	TION (Street a r Town, State)	ind Number	or Rural A	oute Number,	
COMPLET		HYSICIAN: To the best of axi									end manner as st	late
BE C	29b. SIGNATURE AND TITUE OF CERT	- Cam	, W)		29c. LICENSE NU		9				91
TO BE COMPI	29d. Date signed (Month, Day, Year) 29d. License Number 29d. Date signed (Month, Day, Year) 30d. Name (No Address of Person who completed cause of Death (Item 22) (Type, Print) Jonathan S. Plotsky. M.D. 15225 Shady Grove Rd. Suite 207. Rockville, Md. 2 31. Date Filed (Month, Day, Year) 32. Regultrar's Signiture 32. Regultrar's Signiture 33. Date Filed (Month, Day, Year) 34. Date Filed (Month, Day, Year) 35. Regultrar's Signiture 36. Date Signed (Month, Day, Year) 37. Date Filed (Month, Day, Year)											

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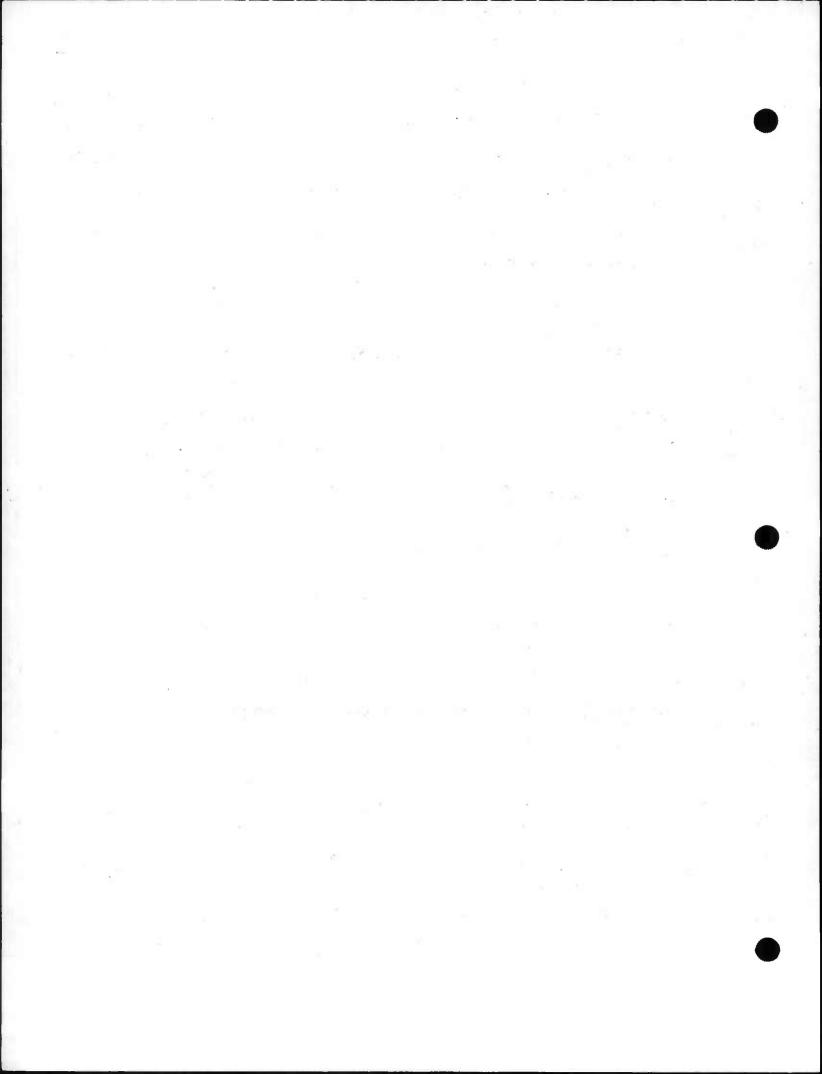
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BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within - hours after death. Page 6 may be retained by the hospital or attending physician.	4		
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exer	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

	1 - FOR STATE REGISTRAR	STATE OF MARY	YLAND / DEPAI	RTMENT OF I	IEALTH AND I	MENTAL HYGIEN REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Las		1			2. DATE OF OEATH		3. TIME OF DEATN				
	ED	DITH B.	BRUG	CHEY		MONTH 9 / 15	-194	15:10 M				
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	E (In yrs. lest birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign Country)				
	212-10-0152	1 🗆 M 2 💢 F	84 YRS.	MONTHS DAYS	HOURS MIN.	Feb. 24,19	910 N	Maryland				
	9a. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN								
PO	Frederick Memor	ial Hospital	L	Fre	derick		Fred	lerick				
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	(TY	10c. CI	TY, TOWN OR LOCA	TION			10d. INSIDE CITY				
E	Maryland	Frederick	- 1	Frede				LIMITS?				
FUNERAL DIRECTOR	10e. STREET AND NUMBER	TICACTICA			. ZIP CODE		10o. CITIZEN	OF WHAT COUNTRY?				
4	304 N. Colleg	e Parkway			21701		Unite	121111-				
3	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMEO	13. WAS DEC		IC ORIGIN? (Specify Yes		RACE - American Indian.				
YF	1 Never Married 2 Married	FORCES? 1 YE	ES 2 NO ROATES	If yes, sp	ecify Cuban, Mexican 2 NO Specify	n, Puarto Rican, atc.)		Black, White, atc. Specify:				
ВУ	3 Widowed 4 Divorced							White				
COMPLETED	15. DECEDENT'S EE (Specify only highest gra-		(Give kind of	work done during me	ON ost of working	16b. KIND OF BUS	SINESS/INDUST	RY				
1	Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do NOT u									
M	12 17. FATHER'S NAME (First, Middle, Lest)		Homen	naker		Own Hon						
8	WILLI	AM E. NEIL			NETTIE	WE (First, Middle, Maiden V. VIRT						
8	19a. INFORMANT'S NAME (Type/Print)	AT L. NEIL		ADDRESS (Character		V. VIRT						
2		BRUCHEY , Sr				derick, Md						
	20s, METHOD OF DISPOSITION		20b. PLACE AND DATE									
	Commetter Comm											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Home											
:	No	NO		1621	00000000	Stauffer	Funer	ick,Md. 21702				
	23 PART & Enter the diseases of	complications that cause	and the death. Do									
	shock, or heart failure. List only one ceuse on each line.											
	disease or condition											
	reaulting in deeth)	DUE TO (OR A	S A CONSEQUENCE O	PF:								
z		3	a La James	,				i l				
9	Sequentielly list conditions, If any, leading to immediate DUE TO (OR AS A/CONSEQUENCE OF):											
CA	If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury c.											
H	that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE O	PF):								
CERTIFICATION	leaditing in death) LAST	d										
J C	PART II. Other significent condition	ona contributing to death	but not resulting	in the underlyin	g cause given in I	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS				
ICAL						PERFOR	\ \	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
EDI						1 YES 2	A NO	OF DEATH?				
Y: W	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEATH '	ES I NO			1 123 2 1 110				
Ĭ.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Che							
)S	1 TES 2 NO	HOSPITAL:	rutpatient 3 🗆 DOA	OTHER: 4 Nursing Hon	e 5 🗌 Residence	8 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year			URY AT	28d. DESCRIBE HOW II	JURY OCCUR	ED				
BY	Natural 5 Pending Investigation				YES 2 NO							
	3 Suicide 8 Could not be	e 28e. PLACE OF INJU building, atc. (S	IRY — At home, term, pecify)	street, factory, offic	•	28f. LOCATION (Street a City or Town, State)	nd Number or R	lural Route Number,				
COMPLETED												
I I		SICIAN: To the best of my kn										
Į į	2 MEDICAL EXAMI	NER: On the basis of examine	tion end/or investigation	on, in my opinion, o	eath occured at the t	time, dete and place, and	d due to the ce	use(s) and mannar as stated.				
BE	296. SIGNATURE AND TITLE OF CERTIFI	IER D			29c. LICENSE NUM	BER	29d, DATE SIG	GNED (Month, Day, Year)				
2	D 09689											
-	30. NAME AND ADDRESS OF PERSON W	/	/				-	/				
	Austin Pearre	30	0 W. 9th	St., Fre	derick,	MD						
	31. DATE FILED (Month, Day, Mar)	32. REGISTRAR'S SI	GNATORE	1:								



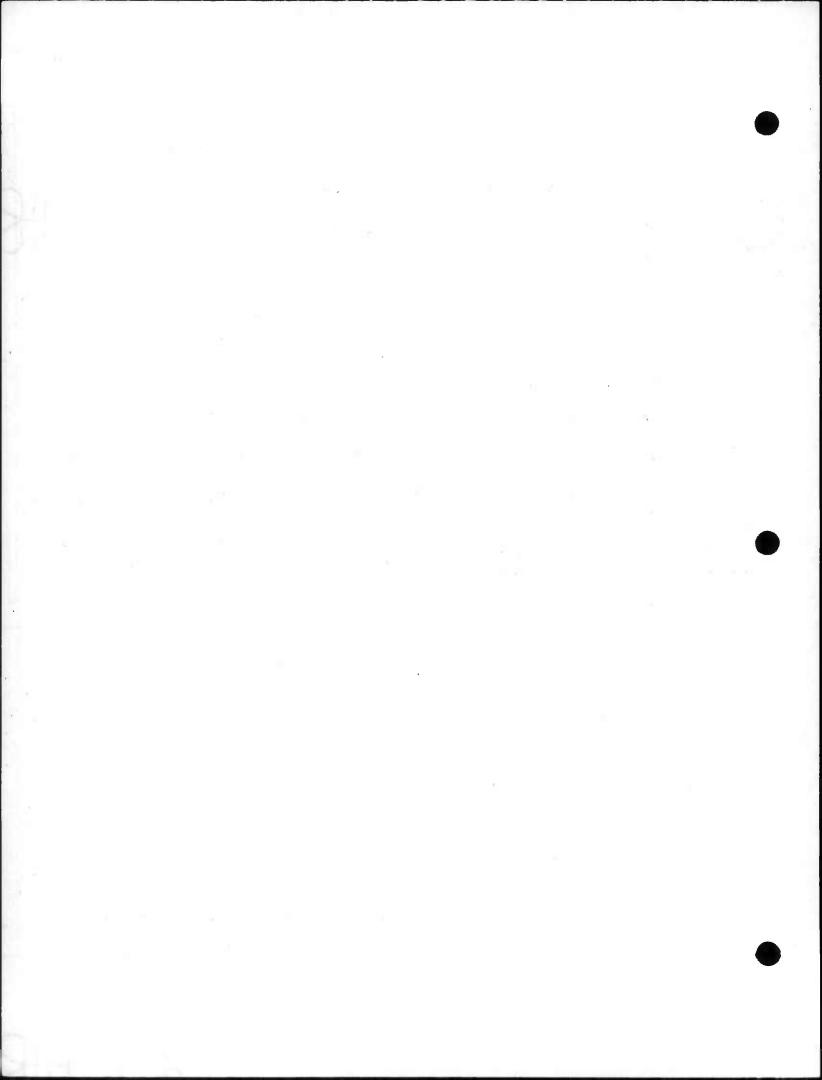
FOR

	1 - STATE STATE OF MARTI	CERTIF	ICATE OF	DEATH	D MENIAL HY	B. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) Katharine Lucille BIF				2. DATE OF DEA	er 76, 19	994 ^{EAR}	3. TIME OF DEATH 2:35 AM M				
	4. SOCIAL SECURITY NUMBER 212−38−7540	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HP	(Minath Day)		8. BIRTH	PLACE (State or Foreign				
OR	9a. FACILITY NAME (If not institution, give street and number) Homewood Retirement Center		9b. CITY, TOWN		F DEATH		eder					
EG!	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	10c CIT	Y, TOWN OR LOCA	TION .								
DIRECTOR	Maryland Frederick		ederick					10d. INSIDE CITY LIMITS7 1 YES 2 NO				
FUNERAL	10o. STREET AND NUMBER 31 West Patrick Street		10	21701		10g. Cl1	U.S.	A.				
ВУ	11. MARITAL STATUS 1 Marital STATUS 1 Merital 2 Marital 3 Widowed 4 Divorced 12. WAS DECEDENT EVER: FORCES? 1 YES GIVE WAR OR I	2 NO	If yes, sp	ecify Cuban, Ma	SPANIC ORIGIN? (Spec exican, Puarto Rican, a pecify:		Black	— American Indian, White, atc.				
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S (Give kind of life, Do NOT us	USUAL OCCUPATION OF MINING INC.	ON st of working	11,17,25,55,5	erick (
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +) 5+	1	ol Teach	er	Boar	d of Ed	lucat	ion				
BE CO	17. FATHER'S NAME (First, Middle, Last) James Cossie BIEHL				NAME (First, Middle, I rlotte Br		TMOR	В				
10	190. INFORMANT'S NAME (Type/Print) Bonnie B. Shearin	3418	ADDRESS (Street of Marbury	Court,	Middleto	or Fown, State, Z wn, Mar	ylan	d 21769				
		D. PLACE AND DATE			er 19, 1994	oc. LOCATION -						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	M00255	22. NAME A	ey and	Basford	P.A. Fu	mera					
	23. PART I. Enter the diseases, or complications the cause	d the death. Do i	not enter the mo	de of dying,	such ae cardiac or	respiratory a	rreet,	Approximate				
	shock, or heart fellure. List only one cause on sach line. immediate CAUSE (Final disease or condition resulting in death) a. Just M yocardial Linfarotum a. Just To (OR AS A CONSEQUENCE OF): There's Sclorola' Cardio Vascular Descare 104											
NOIL	Sequentielly list conditions, If eny, leeding to immediate											
CERTIFICATION	csuse. Enter UNDERLYING CAUSE (Disesse or Injury thet initiated events resulting in deeth) LAST C. DUE TO (OR AS A CONSEQUENCE OF):											
	PART ii. Other significent conditions contributing to deeth	autinot moulting	in the underlyin	a anima eliina	in Dank I as a							
MEDICAL	Peripheral	Vasa	1100	Seseo	el P	MS AN AUTOPSY ERFORMED? YES 2 1 NO	246.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
A	25. WAS CASE REFERRED TO MEDICAL			100.05.00	(Check only one)							
[일	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Out	antions 2 DOA	OTHER:									
PHYSICIAN:	27. MANNED OF DEATH 28s. DATE OF INJURY	28b, TIM	-		28d. DESCRIBE		CCURFO					
ВУ Р	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	IN.		PRK7 YES 2 NO								
유	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJUR building, etc. (Special Country of the Countr	f — At home, term,	street, fectory, offic	•	28t. LOCATION (City or Town		er or Rural R	loute Number,				
COMPLET	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my know one) 2 MEDICAL EXAMINER: On the basis of examination) and marriner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIES / 29c. LICENSE NUMBER 29d. DATE SIGNED (Mage). Day, Year)											
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DI	AVID REPARE		134	+09	D 0	7/17	194				
	Dr. Bernard O. Thomas, Jr. Mil 19	00 Rosem		ue, Fr	ederick,	Ma ry lan	d 21	702				
	31. DATE FILED (Month, Day, Year) SEP 1 9 1994 32. REGISTRAR'S SIGN	LION Randal										

BALTIMORE, MARYLAND 21215-0020 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. hours after death. Page 6 may be retained by the hospital or attending physic TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-16 Rev 1/89



MADY AND SECTIONS	Page 6 may be retained by the hospital or attending physician.	al director, page 5 should be detached for use as the bunial-transit	ner must be notified at once.
DIVISION OF VITAL RECORDS ID O BOX 68750	ours a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the bunial transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND) / DEPARTI			MENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	4		0 /		2. DATE OF DEATH	W WEAR	3. TIME OF DEATH		
, I	Frank	Hlexande	rl	Sarte	n	9 17	7 94	8:07A H		
	00/ 1/ 0/10		. last birthday)	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. Date of Birth December 30, 1	e. BIRTHPLACE (State or Foreign			
OR	9a. FACILITY NAME (It not Institution, give street Frederick Memoria		9	Freder	R LOCATION OF DE	EATH	9c. COUNTY OF C			
ECT	RESIDENCE OF DECEDENT									
DIRECTOR	Maryland Freder	ick		derick			10d. INSIDE CITY LIMITS? 12 YES 2 NO			
FUNERAL	5812 Rosebay Cou	rt		10f.	21701		U.S.	WHAT COUNTRY? A.		
В	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. FORCES? XX YES 2 IF YES GIVE WAR OR DATES	ARMED NO	If yes, spe		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	Blac	E — American Indian, k, Whita, atc. White		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondery (0-12)	ON 18a. 18a.	Give kind of won life. Do NOT use r	k done during mos retired.)		16b. KIND OF BUS	INESS/INDUSTRY	al Supplies		
ш	17. FATNER'S NAME (First, Middle, Last) Frank	BART	ON			ME (First, Middle, Maiden S ice Maude	SYSUM			
TO B	John T. Cecil, Jr.		196. MAILING AT 5590 F	Rivende.	nd Number or Rural Place	Route Number, City or Town, Frederic	k, Md. 2	1701		
	20a. METNOD OF DISPOSITION 1 N Burlel 2 Cremation 3 N Ramoval from Stata 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of camping) or other place) HILLSIDE Cemetery September 24, 1994 Dundee, New York									
	21. SIGNATURE OF FUNERAL SERVICE LICENS	H 4 1	100255	Keen	o address of fa	asford Fun	eral Hom			
	23. PART I. Enter the diseases, or com ahock, or heart failure. List iMMEDIATE CAUSE (Final	plications that caused the only one cause on each	death. Do not line.	enter the mo	de of dying, auc	h se cardisc or reapir	ratory arreat,	Approximate Interval Between Onset and Death		
	disease or condition reaulting in death) a. Massive subgrach noid Hemorrhage 2days Due TO (OR AS A CONSEQUENCE OF):									
TION	Sequentially list conditions, if any, leading to immediate Cause Enter INDERLYING									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d.									
AL CI	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS									
IEDICA	1 /	Phsion				PERFORI	MED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
N.	DID TOBACCO USE CO	ONTRIBUTE TO CA	USE OF	DEATH Y	ES NO			1 YES 2 NO		
SICIA		OSPITAL:		THER:	ACE OF DEATH (Ch					
F'BY PHYSICIAN: MEDIC	27. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c, INJI		6 Other (Specify) 28d. DESCRIBE NOW IN	JURY OCCURED			
(B)	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — Atbuilding, etc. (Specify)	t home, term, etre			281. LOCATION (Street as City or Town, State)	t and Number or Rural Route Number, e)			
COMPLETE		Y: To the beat of my knowledge								
	SHE SIGNATURE AND TITLE OF CHATTER	77 -		1	29c. LICENSE NUN		29d. DATE SIGNED			
TO BE	30. NAME AND ADDRESS OF PERSON WHO CO	OMBESTED CAUSE OF DEATH (ITEM 27) (Type Pr	TUD)	035	5/83	19/	19/94		
	31. DATE FILED (Month, Day, Year)	Fronkter	1 3	000	9th s	St Fre	derick	CM,		
	SFP 2 1 1994	32. RESISTRANCE SIGNATUR	Revoll							

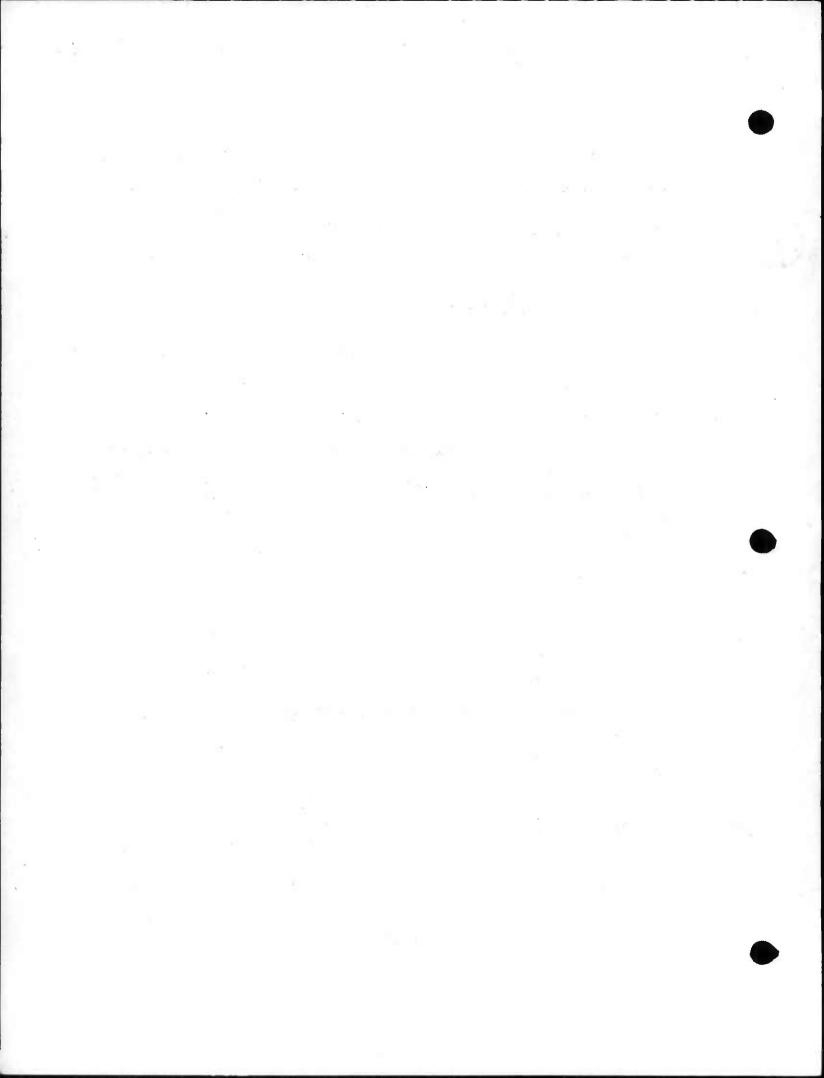
FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR	CERTIF	ICATE O	DEATH	REG. NO).					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATH	AV YEA	3. TIME OF DEATH				
	Howard Irving BEARD				September 18	3, 1994	9:55 AM M				
		rrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8 Bt	RTHPI ACE (State or Formion				
	705-07-5877 ¹X\ м²□F 81	YRS.			September 30),1912 Ma	ryland				
~	9e. FACILITY NAME (if not institution, give street and number)			OR LOCATION OF	DEATH	9c. COUNTY O					
0	Frederick Memorial Hospital		Fred	erick		Fred	lerick				
DIRECTOR	10a. STATE 10b. COUNTY	10c, CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY				
I E	Maryland Frederick		jamsvil				LIMITS?				
1	10e. STREET AND NUMBER		1.	of, ZIP CODE		1 YES 2 X NO					
18	4787 Mussetter Road			21754		U.S.	A.				
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U. 1 Never Merried 2 Merried FORCES? 1 X YES	S. ARMED	13. WAS DI	CENDENT OF HISP	ANIC ORIGIN? (Specify Yes	8 or No — 14. R	ACE — American Indian,				
	1 Never Merried 2 Merried FORCES? 1 X YES :	2 NO	If yes		can, Puerto Rican, etc.)	8	lack, White, etc.				
ВУ	3 Widowed 4 Divorced IF YES, GIVE WAS OR DATE MENY 22, 1942-NO.	.22,1945		A	,		White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of	WORK done during it	ION lost of working	16b. KIND OF BU						
Ü	Elementary/Secondary (0-12) College (1-4 or 5+)	IIIa. Do NOT u	todian	2.35	Roam	of Edu	antion				
M P	8	Cus	toman	,		,	ICALION				
	17. FATHER'S NAME (First, Middle, Last) Irving Preston BEARD			18. MOTHER'S I	MAME (First, Middle, Maiden Mie BURRTH	Sumeme)					
BE	19e. INFORMANT'S NAME (Type/Print)										
2	Paul K. Beard	4779	Mussett	er Road,	I jamsville	n, State, Zip Code, Md.	21754				
	206. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify)	ACEANDDATE	Methodis	Cenetery	, Sept. 20, 19	OCATION - City o	Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME	ND ADDRESS OF	asford P.A.	Domesti	1 Hans				
	* Richard E. Graf MC	0255	106	ey and B East Chu	rch St., Fr	runera	t, Md. 21701				
	23. PART I. Enter the diseeses, or complications that caused the ahock, or haert failura. List only one cause on each	e daath. Do	not anter the n	oda of dylng, au	ich aa cardiec or respi	iretory errast,	Approximeta				
1 1	IMMEDIATE CAUSE (Final Oneat and Daeth										
	disease or condition reaulting in death) a. Clustinuma y llt lung / 2 ym										
Н	DUE TO (OR AS A CONSEQUENCE OF):										
No.	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
E A	if any, leading to immediata cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
E	resulting in death) LAST										
	u										
DICAL	PART II. Other significant conditions contributing to death but	not reauiting	in the underiyi	ng cause given i	n Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO				
					1 YES 2	NO NO	COMPLETION OF CAUSE OF DEATH?				
ME	DID TORACCO LIER CONTRIBUTE TO A	ITIAE AE					1 TYES 2 NO				
Z	DID TOBACCO USE CONTRIBUTE TO C	AUSE OF	DEATH	YES N	0 📗						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HQSPITAL:		26. OTHER:	PLACE OF DEATH (Check only one)						
YSI	1 YES 2 NO 1 Inpatient 2 ER/Outpatie	nt 3 🗆 DOA		me 5 🗆 Residence	8 Other (Specify)						
H	27. MANNER OF DEATH 1 Natural 5 Pending 288. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c, II	JURY AT ORK?	28d. DEŞCRIBE HOW I	NJURY OCCURED					
BY	2 Accident Investigation			YES 2 NO							
	3 Suicide 8 Could not be determined 25e. PLACE OF INJURY — building, etc. (Specify)	At home, lerm,	street, fectory, off	Ce	261. LOCATION (Street of City or Town, State)		rai Route Number,				
틸											
4 Homicide Solicities Sol											
Ö	2 MEDICAL EXAMINER: On the beele of examination er	nd/or investigation	in, in my opinion,	death occured at the	ne time, date end place, en	d due to the ceu	se(e) end menner ee atated.				
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	Λ.	4	29c. LICENSE N	UMBER	29d. DATE SIGN	NED (Month, Day, Year)				
2	Gover Nach MD.	HHa	rely	1184	114	5	18-54				
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type		701			2 (0)				
	SWAMI NATHAN MI)	20	7 W	184.1	Veleneli	nd	41701				
	31. DATE FILED (Month, Day, Year) SFP 1 9 1994	PE O	3:								
1	SEP 19 1994 Julia d'avele	ornandal	रा								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the power of the state of the property of the state of the s BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OHMH-16 Rev 1/89

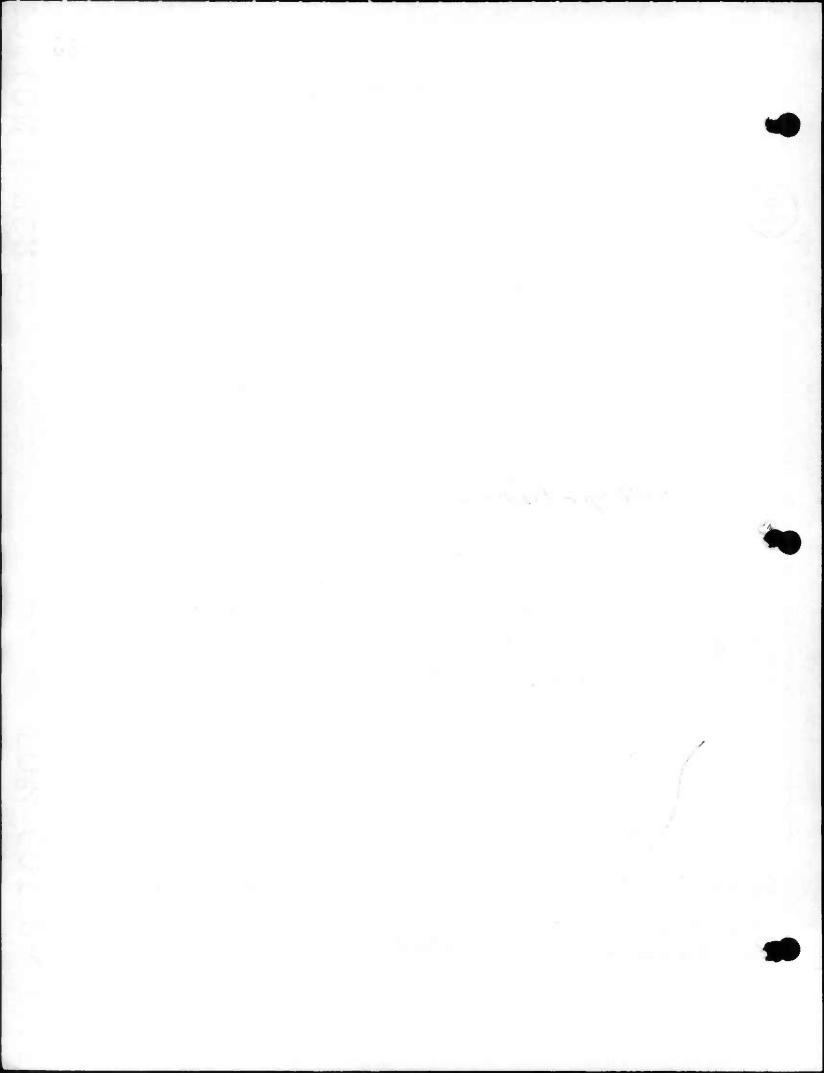


DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 -	FOR STATE REGISTRAR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	TIEGIOTTAIT			-111111	OATE	- 0.	DEA		п	-G. 14O.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	EATH DA	,	YEAR	3. TIME OF DEATH
	Ray Le		BURRIE						9/18/94 1AN			11M "	
	4. SOCIAL SECURITY NUMBER 220-05-6201	5. SEX 1 🔀 M 2 🗌 F	8. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BI (Month, Day OCT 1	итні (), 190	07	s. BIRTH Countr Man	PLACE (State or Foreign ryland
	9e. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY	, TOWN C	R LOCATI	ON OF DE				INTY OF D	
5	Citizens Nursing	Home of	Frederi	ck						F	Frederick		
5	RESIDENCE OF DECEDENT		-										
DIRECTOR	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN C								10d. INSIDE CITY LIMITS?		
	J	erick			Fre	eder	ick						1 - YES 2 - NO
¥	10e. STREET AND NUMBER					101	ZIP COD				_		VNAT COUNTRY?
<u> </u>	8413 Edgewood Chu	rch Road					2:	1702				U.S.	Α.
FUNERAL	11. MARITAL STATUS	NO					IIC ORIGIN? (Sp		or No-	14, RACE Black	E — American Indian, k, White, atc.		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V					2 X NO			,		Speci	"" White
	15. DECEDENT'S EDUC			CEDENT'S					16b. KINI	OF BUS	INESS/IN	DUSTRY	
E	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5	- Alde	live kind of a Do NOT us	work done se retired.)	during mo	st of worki	ng					
COMPLETED	7		´	Farr	ner					Agr	icul	ture	
8	17. FATHER'S NAME (First, Middle, Lest)						16. MOT	HER'S NA	ME (First, Middle	, Maiden	Surname)		
	Harry Frankl	in I	BURRIER				Ma	ary	Eliz	zabe	th	MAG	CKENZIE
) BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Number	r or Rural I	Route Number, C	ity or Town	n, State, Z	ip Code)	
2	Evelyn V. Maschau	129 T	Vainv	vrig	ht C	ourt	, Frede	eric	k, M	ary1	and 21702		
	20s. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Remo	OF DISPO			,.	,				- City or To			
ì	4 Donation 5 Other (Specify)	emetery 9/21/94 Frederick, Maryland					Maryland						
	21. SIGNATURE OF JUNERAL SERVICE LICE	ENSEE /			22. K	NAME A	ND ADDRE	SS OF FA	ord P.	۸ F1	unar	21 II/	ome.
	Kett home	Koha	M	0070									MD 21701
	23. PART I. Enter the diseases, or co		t caused the de	eath. Do i				444					Approximata
	shock, or heart failure. L	lat only one cau	se on each line	0.									interval Between Onset and Death
	disease or condition												
	resulting in desth)	DUE TO	(OR AS A CONSE	QUENCE O	F):	Λ	-		1 11				
z	Omilya Indrusto chroni carstrilis												
은	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury L. Unmilyy Indicate Chronic Capatitus DUE TO (OR AS A EQUISEOUENCE OF) AS CVD C Althour Polenty Caractery Assau CAUSE (Disease or Injury)												
2	cause. Enter UNDERLYING CAUSE (Disease or Injury c. AS CVD C ALKALO PCLEUM CONTROLLY AND MEN MARCH												
Ŧ	that initiated events resulting in death) LAST	OUE TO	(OR AS AJCONSE	DUENCE O	F):				0	*			
CERTIFICATION		144	genen	pury									
	PART II. Other significant conditions	contributing to	death but not	reaulting	in the u	nderlyin	g cause	given in	Part I. 24a	. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
EDICAL	HO CVA+1	Lieur	alesiu.	Below	Teked	100	well	Mys	V 10	YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_		1-											1 YES 2 NO
2													
Ä	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF D	DEATH (Ch	eck only one)				
S	1 VES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	4 THE	Pi: reing Hon	10 5 🗆 R	esidence	8 Other (Sp	ecily)			
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE Of (Month, L		28b. TIN	IE OF		URY AT		28d, DEŞCRIE	BE HOW I	NJURY O	CCURED	
BY	1 Natural 5 Pending 2 Accident Investigation				М	1 🗆	YES 2 [NO					
	3 Suicide 8 Could not be		of INJURY - At h	ome, farm,	street, fac	tory, offic			28f. LOCATIO City or To	N (Street a	nd Numb	er or Rural	Route Number,
1	4 Homicide determined												
PLE	29a. CERTIFIER 1 CERTIFYING PHYSIC	eath occur	ed at the	time, dete	and place	, and due	to the cause(a) and mar	ner as st	nted.			
Suiteline a Could not be determined building, etc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of szaminstion and/or investigation, in my opinion, death occurred at the time, data and place, and the time, data and the time,								place, an	d due to	the cause(s) and menner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (M								(Month, Day, Year)					
8 II	1 11/1/	1-1 M	1)					100	85		▶ G	1191	10
	WANT WANT	MILA	U				1	100	0 3		1	1111	99
10	30. NAME INO ADDRESS OF PERSON WHO	COMPLETED CAU	SE OF DEATH (ITI	EM 27) (Type	, Print)		1 11					1111	9 4
	30. NAME AND ADDRESS OF PERSON WHO	STONER	ISE OF DEATH (ITE	27) (Type	CUL	ON	AVE			2501	44/=	Md	21793
	30. NAME AND ADDRESS OF PERSON WHO	STONER 32. REGISTRA	ISE OF DEATH (ITI	27) (Type 28	Print)	ON	AVE			2501	44/5	Md	21793



Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital of attending physician and completely filled in by the funeral director, page 5 should be detached for use as 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remonal.

IN THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as 1 importance. DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO						
	1. OECEOENT'S NAME (First, Middle, Last)				-	2. DATE OF DEATN			3. TIME OF DEATH			
	Dorothy Theresa	Boeklen				Sept.18,	l'994	EAR	1 P. M			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		BIRTNE	PLACE (State or Foreign			
	072-22-8431	1 □ M 2 💢 F 6	5 YRS.	MONTHS DAYS	HOURS MIN.	Sept. 21,19	928	Va	•			
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNT	OF DE	ATH			
٣Ι	2505 Quebec Scho	ol Rd.			Middleto				rick			
DIRECTOR	RESIDENCE OF DECEDENT			·				-				
	10a, STATE 10b, COUNTY		10c. CIT	Y, TOWN OR LOC					10d. INSIDE CITY LIMITS?			
	Va.	Louisa		L	ouisa				1 YES 2 NO			
A	10e. STREET AND NUMBER			1	H. ZIP CODE		10g. CITIZE	N OF W	HAT COUNTRY?			
FUNER	Rt. 4 B	ox 7031			23093			U.S.	.A.			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED			NIC ORIGIN? (Specify Yas	or No — 14	. RACE	— American Indian,			
2	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			S 2 NO Speci	an, Puarto Rican, atc.) fy:		Specific	White, atc.			
_								1	White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a, DECEDENT'S (Give kind of	work done during n	ION ost of working	16b. KIND OF BU	SINESS/INDUS	TRY				
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us		- 1							
ž			11	anageri			tauran	t				
3	17. FATHER'S NAME (First, Middle, Last) Otto Froelich					AME (First, Middle, Melden na King	Surname)					
B												
2	19a. INFORMANT'S NAME (Type/Print) Barbara Hubert					Route Number, City or Tow			21.760			
	20a. METHOD OF DISPOSITION					d., Middle		_	21769			
	1 - Burial 2 - Cremation 3XX Ramo	wal from State	ob. PLACE AND DATE emetery, crematory or o	thes placed			CATION - CIT					
	4 Donation 5 Other (Specify)	FNSEE	rlington		L Ceemte:	ry9/22 Ft.	Myer,	Va.				
	00 00 k / b.	10 K				ompson Fune	eral H	ome				
	Myals Un	7/1		31 E	. Main S	t., Middle	town.	Md.	21769			
	23. PANTAL Enter the diseases, or c shock, or heert fellure. I	oniplications that caus	ed the death. Do	not enter the m	ode of dying, au	ch aa cardiac or reap	ratory arrea	t,	Approximate			
	IMMEDIATE CAUSE (Final								Interval Between Onset and Death			
[disease or condition resulting in death) a. NON-SMAUCEU LUNG GANCER, LARGE CELL 5 MONTHS											
Ì	OUE TO (OR AS A CONSEQUENCE OF):											
2	Sequentially list conditions, Due to (or as a consequence of):											
RIFICATION	if any, leading to immediate											
3	CAUSE (Disease or injury											
₹	resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):										
	d											
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. CHRONIC OBSTRUCTIVE FURMONITY DISCIPLE 24a. WAS AN AUTOPSY PERFORMED? AMILIABLE PRIOR TO COMPLETION OF CAUSE											
DICAL	CHILDRIE DESTRUC	TIVE FURMO	chich Dis	SPE		1 □ YES 2			AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
									1 TYES 2 TIMO			
	DID TOBACCO USE (CONTRIBUTE TO	CAUSE OF	DEATH	YES W NO							
4	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF OEATH (CI	neck only one)						
II SICIAN:	1 TES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou	itpatient 3 DOA	OTHER: 4 Nursing Ho	ne 5 Masidence	6 Other (Specify)						
	27. MANNER OF OEATN	26e. OATE OF INJURY (Month, Day, Year,		E OF 28c, IN	JURY AT ORK?	28d. OEŞCRIBE NOW I	NJURY OCCUI	REO				
-	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO							
- 8	3 Suicide 6 Could not be	26e. PLACE OF INJUI building, atc. (Sc	RY — At home, term, specify)	street, factory, off	ce	261. LOCATION (Street a City or Town, State)	and Number or	Rural Ro	oute Number,			
Ш	4 Nomicide determined											
Suicide 6 Could not be determined building, atc. (Specify) 29a. CERTIFIER (Check only 0) 29a. CERTIFIER (Check only 0												
One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as state.												
ן כ	296. SIGNATURE AND TITLE OF CERTIFIER		1 200	٨	29c. LICENSE NU				Month Day, Year)			
		Knonly	Olgand	Tund	B3.	761	> 9	/2	0/94			
2	30. NAME AND ADDRESS OF PERSON WIN	COMPLETED CAUSE OF	DEATN (ITEM 27) (Type	Print)					, ,			
	BRIAN M. O.C.		501 4	, SENEA	PH ST.	FREDER	uck-	ME	21701			
31. OATE FILED (Month, Day, 1607) 32. REGISTRAR'S SIGNATURE SEP 2.3 1994												

1	-	FOR STATE REGISTRAF

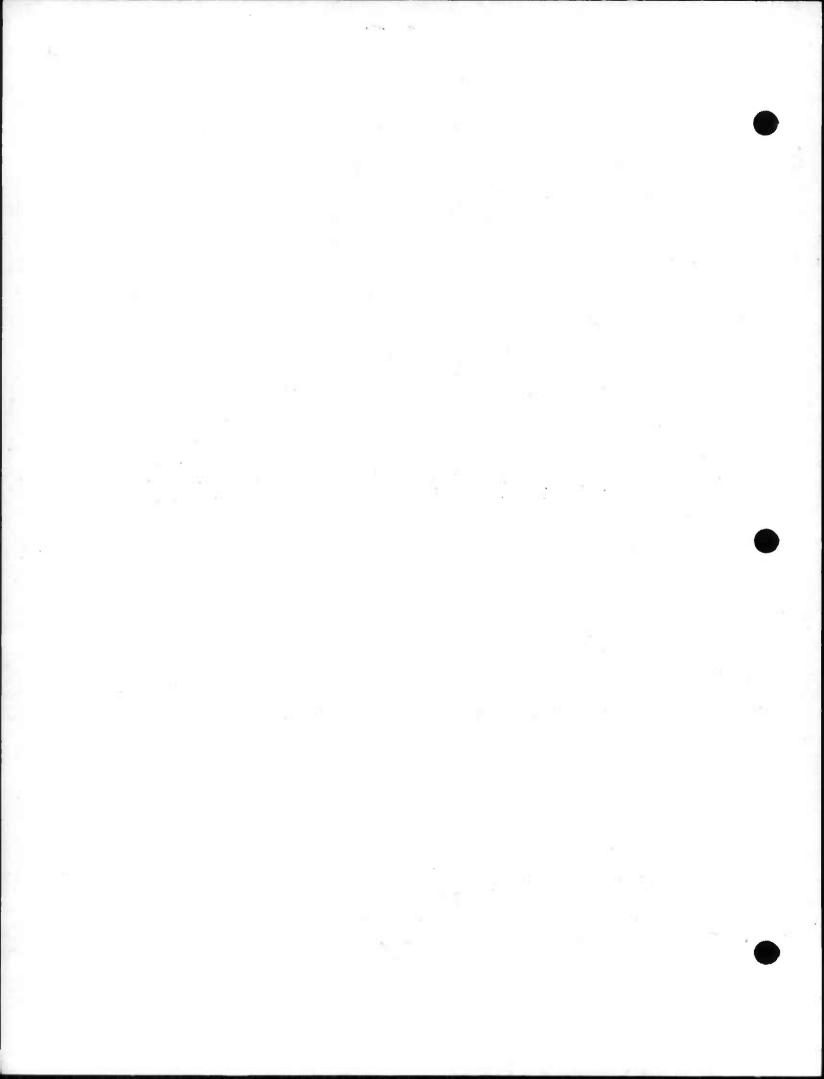
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR CEF	RTIFICATE C	F DEATH	REG. NO.	-						
	1. DECEDENT'S NAME (First, Middle, Last)		-	2. DATE OF OEATH		3. TIME OF DEATH					
	RHONA S. BOTHA	UER		MONTH D	YEAR	6:30AH					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest b)		AR IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIR	THPLACE (State or Foreign					
	214-40-2843 1□ № 2 □▼ 87	YRS. MONTHS DAY		(Month, Day, Year)	Cou	intry)					
	9e. FACILITY NAME (If not institution, give street end number)	95 CITY TO	WN OR LOCATION OF DE	Aug. 9, 1	906 Le	ouisana					
œ											
6	Church Hospital	В	altimore		Balt	imore					
<u> </u>		10c. CITY, TOWH OR LO	DCATION			10d. INSIDE CITY					
DIRECTOR	Maryland Baltimore	Baltimo	re			LIMITS?					
	10e. STREET AND NUMBER		101. ZIP CODE		100 CITIZEN OF	F WHAT COUNTRY?					
R/	101 Bond Street		21231								
FUNERAL	11. MARITAL STATUS 12 WAS DECEDENT EVED IN U.S. ARME	D 42 MMC		HC ORIGIN? (Specify Yes	U.S.Z						
	Syst-Never Merried 2 Married FORCES? 1 YES 2 NO	If yes	s, specify Cuban, Mexica	n, Puarto Rican, etc.)	Bit	ACE — Americen Indien, ack, White, etc.					
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES	10	YES 27 NO Specify	r:	Sp	ec//y: White					
G	15. DECEDENT'S EDUCATION 180. DECE	DENT'S USUAL OCCUP	PATION	18h KIND OF BUS	SINESS/INDUSTRY						
E	(Specify only highest grade completed) (Give	kind of work done during NOT use retired.)	g most of working	1001 1001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
7	4.0	1		Elemen	ntary S	Schools					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	eacher	46 MOTHERIC NA	ME (First, Middle, Maiden							
	Charles Bothner										
BE		***************************************		e A. Smit							
2	77 11 5 41177			Route Number, City or Town							
						Md. 21666					
	1 Spuriel 2 Cremetion 3 Removal from State cametary crema	D DATE OF DISPOSITION tory or other place)	Jul	v: 28 I 190	CATION — City or						
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ine Par	L Cemete	ry	Saltimo	ore, Md					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAM	E AND ADDRESS OF FA	CILITY							
	Buk & delfenteen	10	m neilen.	oein rune	eral Ho	omes, P.A.					
	23. PART I. Enter the diseases, or complications that caused the death	h. Do not anter the	mode of dying, auc	h as cardiac or reapi	ratory arrest.	Approximate					
- 1	snock, or haart failure. Liateonly one cause on each line.			e son treasure en intern		interval Between					
- 1	IMMEDIATE CAUSE (Final disease or condition					Onset and Death					
- 1	resulting in death) a. UVUSEPS 10 DUE TO (OR AS AICONSEQUE	>				2 augs					
	DOE TO (OR AS AICONSEQUE	ENCE OF):				/					
8	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
F	If any, leading to immediate cause. Enter UNDERLYING										
윤	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
E	resulting in death) LAST					i i					
CERTIFICATION	d										
7	PART II. Other algnificant conditions contributing to death but not read	ulting in the underi	ying cause given in	Part J. 24a. WAS AN		4b. WERE AUTOPSY FINDINGS					
DICAL				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE					
MED					E NO	OF DEATH?					
	DID TOBACCO USE CONTRIBUTE TO CAUS	E OF DEATH	YES NO	0 0		1 HES 2 DINO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		B. PLACE OF DEATH (Ch								
	EXAMINER?	OTHER:									
Σ			Home 5 - Residence								
급	27. MANNER OF DEATH 1 Natural 5 Pending 26a. DATE OF INJURY (Month, Day, Year)	INJURY	WORK?	28d. DEŞCRIBE HOW II	NJURY OCCURED						
B	2 Accident Investigation		YES 2 NO								
	3 Suicide 6 Could not be determined 26a. PLACE OF INJURY — At home, building, etc. (Specify)	, ferm, streel, factory, o	office	281. LOCATION (Street a City or Town, State)	and Number or Rurs	Il Route Number,					
E	Tolline determined										
7	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death	occurred at the time,	date end place, and due	to the cause(e) end men	ner as stated.						
COMPLET	one) 2 MEDICAL EXAMINER: On the besie of examination and/or inve					e(a) and menner ee stated.					
	29b. SIGNATURE AND TITLE AN CERTIFIER		29c. LICENSE NUM			ED (Mont), Day, Year)					
8	that & Jounter MD		N/90	77	▶ 7/2	5/91					
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2	(Type, Print)	11103	7	10	7 1 1 7					
	0 / 8 15 2		BAJE	O. MD	2,22	,					
- 1	31. DATE FILED (Morph pass), War 1994 32. RESISTAR'S SIGNATURE	CORDUNY	IJAN	0.1.0	4071						
	31. UNIE PIEED (MOUNTINGS), 1994 32. HEBBOTHAR SSIGNATURE	September 1									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Abouts after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit pe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	hours after death. Page 6 may be retained by the hospital or attending physician."
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trained be filed within 72 hours after death with the State Oebt, of Health and Mental Hyolene prior to burial, cremation, or removal	ed in by the funeral director, page 5 should be detached for use as the burial-transmon
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTING	MENT OF H	EALTH AND N	MENTAL HYGIEN				
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3.	TIME OF DEATH	
	<u></u>	Vincent D	. Burns			September		94	12:00	РМ
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.		CE (State or Fore	
	215-46-0574	$^{125-46-0574}$ $^{123 \text{ M} 2} ^{1}\text{F}$ 46 $^{\text{YRS}}$ $^{\text{NRS}}$ $^{\text{Dec. 1. 1947}}$ W								DC
	9e. FACILITY NAME (If not institution, give s	. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT								
0	Shady Grove Adver	tist Hospita		Roc	kville		Mo	ontac	omery	
EC	10e, STATE 10b, COUNT			I. INSIDE CITY						
H	Maryland Mont	tgomery	110.0	OWN OR LOCAT	SCIII				LIMITS?	
_	10e. STREET AND NUMBER	_gomery	Ga	ithersh	ZIP CODE		10g. CITIZEN		YES 2 N	0
ER/	222 Kent Oaks Wa	237		"	20878		Unite			
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEOENT EVER I		13. WAS DEC		C ORIGIN? (Specify Yes			American Indian	
	1 Never Merried 2 Merried	FORCES? 1 YES		If yes, sp	ecify Cuben, Mexican 2 ☑ NO Specify:	, Puerto Rican, etc.)		Black, Wi Specify:	hite, etc.	,
ВУ	3 Widowed 4 Divorced			10.11	- La oposity.			эрвину.	White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DECEDENT'S US	done during mo	N st of working	16b. KINO OF BU	SINESS/INDUS	TRY		
ا و	Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	life. Do NOT use re	etired.)	•	Genera	l Serv	ices		
M		4	Assistan	t Comm	ssioner	Admi	nistra	tion		
8	17. FATHER'S NAME (First, Middle, Last)					IE (First, Middle, Maiden	Surname)			
띪	Paul Burns 190. INFORMANT'S NAME (Type/Print)					a Michael	_			
임			1			oute Number, City or Tow				
	Adrienne E. Burns		222 Ke	nt Oaks	Way, Ga	ithersbur		2087		
	1X Buriel 2 ☐ Cremetion 3 ☐ Rem	oval from State 20th	PLACE AND DATE OF D	DISPOSITION (Na place)	™%/13/94	DATE 20c. LO	CATION — City	or Town,	State	
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL, SERVICE LIC	CENSEE	ate of He	aven Ce	metery O ADDRESS OF FAC	Sil	ver Sp	ring,	MD	
	.0 1	touch	M00198			hrey Fune: gomery Ay	ral Hor	me/Ro	ckvill Inc	e
CERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	e. DUE TO (OR AS A Renal F	consequence of):	lu	-y	as cardiac or respi	ratory erreat		Approximate interval Bett Onset end E	ween
5	CAUSE (Disease or injury C. Neutropenia									
Ē	thet initiated events resulting in death) LAST	DUE TO (OH AS A	CONSEQUENCE OF):							
ij		d								
AP.	PART ii. Other significent condition	s contributing to deeth b	ut not resulting in t	he underlying	ceuse given in F				RE AUTOPSY FIND	
						PERFOR		CON	ILABLE PRIOR TO APLETION OF CAU	
							-X		DEATH? YES 2 NO	
ž	DID TOBACCO USE CONTI	RIBUTE TO CAUSE O	F DEATH YES		UNCERTAIN					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH (\neg
Š	1 🔀 YES 2 🗌 NO	HOSPITAL: 1 ☑ Inpatient 2 ☐ ER/Outp		THER: Nursing Home	5 - Residence 8	Other (Specify)				
표	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. (NJI	JRY AT	28d. DESCRIBE HOW I	NJURY OCCUR	EO		\neg
⋒	1 Netural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO					_ 1
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, atree	t, factory, office		25f. LOCATION (Street a City or Town, State)	and Number or F	Rural Route	Number,	
9 1	29e. CERTIFIER	The second line is a second								
₹ I	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my know	ledge, death occurred at	t the time, date	end plece, end due t	o the ceuse(e) end men	ner es stated.			
္ပ		R: On the beele of examination	i end/or investigation, in	n my opinion, de	ath occured at the ti	me, date end place, en	d due to the ce	use(e) end	l menner ee state	ed.
# I	296. SIGNATURE AND TILE OF CERTIFIER	()	MA	T	29c. LICENSE NUME	BER	29d, DATE SI			
2	Janha	1 6			D39671		Sep	t. 10	, 1994	
	30. NAME AND ADDRESS OF PERSON WHI				De =1 7	le Massa	C	2052		
	Pankaj Lal, M.D. 31. OATE FILED (Month, Day, Year)			Drive	KOCKVII	ie, maryla	and 20	0850		
	SFD 1 A 10	32. PEGISTHAR'S SIGN	ATURE Danda 96	,						



BY FUNERAL DIRECTOR

BE COMPLETED

notified at 9 ě

examiner must

or other traumatic event, the medical

PHYSICIAN: MEDICAL CERTIFICATION

ВУ

COMPLETED

BE 2

After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crem IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event.

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

mended #10a	STATE OF	194 JARYLAN	MRT D / DEPAR	TMENI	Mo.	ntg.	OME AND I	MENT	AL HYGIEN	n ti	94	28640
REGISTRAR			CERTIF	ICATE	OF	DEA	TH	U	REG. NO.	- 6	1	
1. DECEDENT'S NAME (First) Middle, Last)			E	30%	YE	R	′	2. DAT	TE OF DEATH	19	794	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER		IF UNDER		7. DA1	TE OF BIRTH			HPLACE (State or Foreign
072-16-0691	10 M 2 F	スさ	YRS.	MONTHS	DAYS	HOURS	MIN.	142	737/	921	Penr	nsylvania
9a. FACILITY NAME (# not institution, give s	reet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	DEATH
Greater Laurel Beltsvi	lle Hospit	al		La	ure]	L				Pri	nce	George's
RESIDENCE OF DECEDENT												
Maryland Chena		LIMITS?						10d, INSIDE CITY LIMITS? 1 YES 2 X NO				
10e. STREET AND NUMBER				10f. ZIP CODE						10g, CIT	IZEN OF	WHAT COUNTRY?
RD #2, Box 273, McCall Road					13830 Ur							States
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES WW TT					0 If yes, specify Cuban, Maxican, Puarto Rican, etc.) Black, W 1 ☐ YES 2 ☐ NO Specify: Specify:					E — American Indian, ck, White, atc.		
15. DECEDENT'S EDUC (Specify only highest grade		16:		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working			16b. KIND OF BUSINESS/INDUSTRY			LUOK		
Elementary/Secondary (0-12)	College (1-4 or 5	r)	life. Do NOT us	se retired.)	during m	USI OF WORKI	ng					
11			Assemb	ler				F	ork Lif	t Ma	nufa	acturing
17. FATNER'S NAME (First, Middle, Last)						1a. MOT	NER'S NA	ME (Firs	t, Middle, Malden	Sumame)		
George Abraham			Be	atri	-ce	(Unava	ilab	le)				
19a. INFORMANT'S NAME (Type/Print)	AILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
Lois Boyer			RD #2	, B	ох	273,	0xfc	ord,	NY 138	330		
20a. METNOD OF DISPOSITION 1A Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from Stata	cemeter	CEAND DATE (ther placel				1	14 0xfc			York
21 SIGNATURE OF FUNEDAL SERVICE LIC	ENCEE	100										

933

terios cleratio cardiovas cular

Gist

23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)

Sequentially list conditiona,

if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury

1 YES 2 | NO

27. MANNER OF DEATN

1 Natural
2 Accident

3 Suicide

4 Nomicide

DUE TO (OR AS A CONSEQUENCE OF)

DUE TO (OR AS A CONSEQUENCE OF):

that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. cereterovacculor diseas

24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO

Silver Spring

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO

20910

Approximate interval Between

Onset and Death

YES [DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH NO 🗔 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

26. PLACE OF DEATN (Check only one, OTHER:

1 | Inpatient 2 ER/Outpetlant 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME DF

ne 5 🗆 Raaldenca 6 🗆 Other (Specily)

riedge, death occurred at the time, date and piece, and due to the cause(a) and menner as stated.

28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 YES 2 NO

Rapp Funeral Services, P. A.

Avenue.

28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

					011 111	Deale Of	exeminite (Off	enuoi	11144
_					_				_
29b.	SIGNATURE	AND	TITLE OF	CERTIFIER					

6 Could not be determined

29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the gation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated

my alle,	ms	

PLETED CAUSE OF DEATN (ITEM 27) (Type, Print

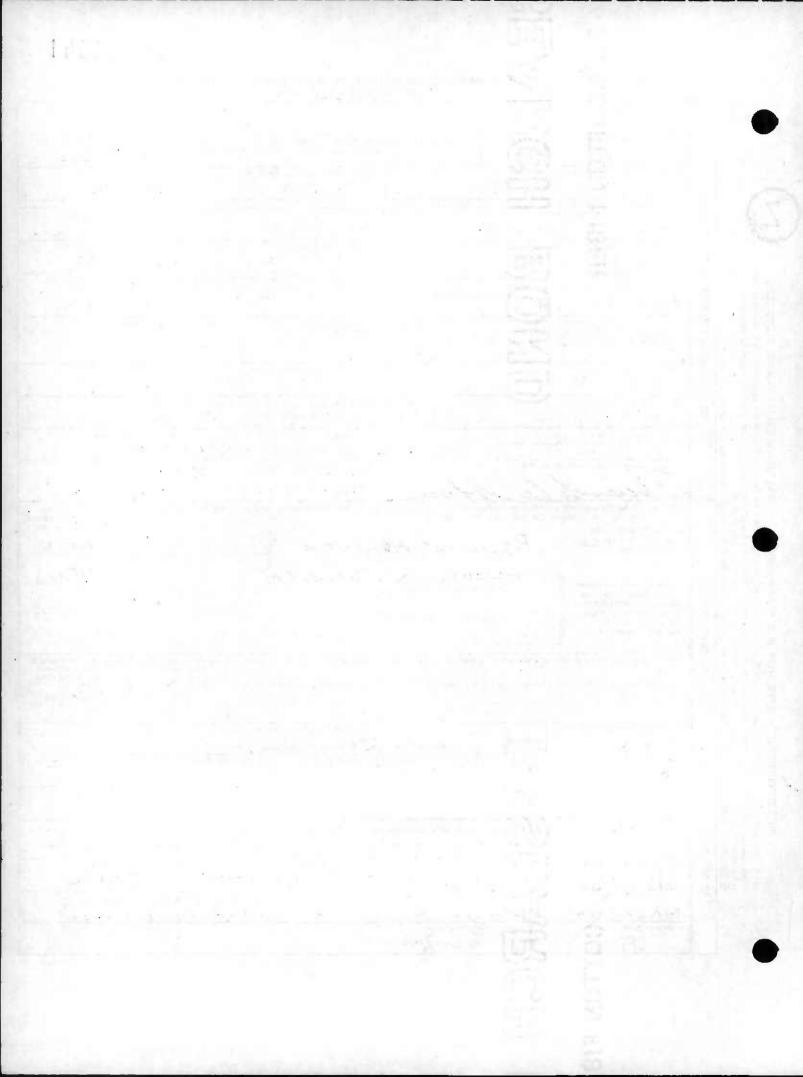
1994 SEP 9

Felia Savidson

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERT	IFICATE C	F DEATH	REG. N	О.			
1. DECEDENT'S NAME (First, Middle, Las	e)				2. DATE OF DEATH		3. TIME OF DEATH		
PHILLIP		BRODSI	ΚY		SEPT. 6,	1994 YEA	1:25 PM M		
4. SOCIAL SECURITY NUMBER 059-20-7586	5. SEX 6	AGE (In yrs. lest birthe	MONTHS DAY		7. DATE OF BIRTH	26 a. Bi	RTHPLACE (State or Foreign unity) NEW YORK		
	9e. FACILITY NAME (If not institution, give street end number) 9b. CT CIRCLE MANOR NURSING HOME					9c. COUNTY OF DEATH MONTGOMERY			
RESIDENCE OF DECEDENT 10e, STATE 10b, COUN	iew.								
MARYLAND N	MONTGOMERY	100	KENS	ENGTON			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
10e. STREET AND NUMBER 10231 CARROLL I 11. MARITAL STATUS 1 Never Married 2 Merried	PLACE			101. ZIP CODE 20895			D STATES		
3 Widowed 4 XDIvorced	12. WAS DECEDENT, FORCES? 1 [2 IF YES, GIVE WAS	EVER IN U.S. ARMED YES 2 NO OR DATES	If yes	DECENDENT OF HISP/ I, specify Cuben, Mexic YES 2 NO Spec	8	14. RACE — American Indian, Black, White, etc. Specify: WHITE			
15. DECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Lest) TCTDODE PRODUCTS		(Give kin	NT'S USUAL OCCUP of of work done during OT use retired.)	PATION g most of working		USINESS/INDUSTR			
	7			18. MOTHER'S N	AME (First, Middle, Maid	en Sumame)			
19e. INFORMANT'S NAME (Type/Print) STEVEN GREENSTI				eet and Number or Rura	Route Number, City or 1				
20e. METHOD OF DISPOSITION 1	moval trom State	20b. PLACE AND D	ATE OF DISPOSITION	N/Name of	OATE 20c.	LOCATION — City o			
21. BIONATURE OF FUNERAL SERVICE	LICENSEE	16.	ĎANŽ	ANSKY-GOI		ORIAL CH	APELS, INC.		
disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	PR AS A CONSEQUENCE OF AS		MENTIA		MONTH			
PART II. Other significent condition	ons contributing to de	eeth but not result	ing in the underl	lying ceuse given li		ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:		OTHER:	B. PLACE OF DEATH (C	heck only one)				
1 YES 2 NO		R/Outpatient 3 D	DA 4 Nursing	Home 5 - Reeldence	1				
I La merchan o Laurenia									
3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Nur City or Town, State)						et end Number or Ru te)	ber or Rural Route Number,		
	SICIAN: To the best of m						se(e) end menner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFI	Share C	2 2		29c. LICENSE NO	1MBER 944	29d. DATE SIGN	NED (Month, Day, Year)		
		1000							
30. NAME AND ADDRESS OF PERSON V MARTIN 31. DATE FILED (Month, Day, Year)	-11/1/2	be Mi	(Type, Print)	l:	3720 F CENSING-7	DARAGE NO	20895		



Prince Phillip Pr. Olney

County 28642

3ALTIMORE, MARYLAND 21215-0020 rdeath. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit al.		permitted as should
	BALTIMORE, MARYLAND 21215-0020	fer death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit beroval.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospits TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR		STATE OF MA	RÝLAND'. C	DEPARTA	MENT O	F HEALT	H AND	MENTA	AL HYGIE			F
1. DECEDENT'S NAME (FIRST,	Middle, Last)	Phull	is B	ell	,			MON	E OF DEATH TH EMDER	DAY 19	YEAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 578-18-2842		5. SEX 6	AGE (In yrs. In		UNDER 1 YE		DER 24 HRS.	7. DATE (Mon	E OF BIRTH		6. BIRTHPL Country)	ACE (State or Foreign
9a. FACILITY NAME (If not in Shady Grove	stitution, give str						ATION OF DI	-	. 15,	Sc. COUN	Do TE	Lomery
RESIDENCE OF DEC	EDENT 10b. COUNTY	TSL HOSP	LLai	10c. CITY, T		ville				nen	Egony	- 0
Maryland	Montgo	omery			thers							LIMITST YES 2 1 NO
10e. STREET AND NUMBER						101. ZIP C				10g. CITIZ	EN OF WHA	AT COUNTRY?
10028 Stedy 11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo	Married	ad #102 12. WAS DECEDENT I FORCES? 1 IF YES, GIVE WAF	YES 2 🔀	RMED NO	If yes	DECENDEN , specify Cu	879 T OF HISPAI John, Maxica IO Specif	en, Puerto	IN? (Specify You Rican, etc.)		Black, V Specify:	- American Indian, White, atc.
15. DEC (Specify only Elementary/Secondary (0	EDENT'S EDUCA y highest grade of	ATION ompleted) College (1-4 or 5+)	(4	ECEDENT'S USI Give kind of work e. Do NOT use re	done during	PATION Tomost of wo	rking	16	b. KIND OF B	USINESS/INDU	Whit	<u>e</u>
		1	Ex	ecutive	e sec	retai	У		Pri	vate]	ndus	try
17. FATHER'S NAME (First, M		25						,	Middle, Maide	,		
Edward Kyle		all	140	Db. MAILING AD	DRESS (Str				Parme		Codel	
Suzanne C.	H111										,	20879
20a. METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 5 Donation 5 Other	n 3 🗆 Remo	val from State	20b. PLACE	AND DATE OF D ematory or other Hill	place) Ceme	N/Name of	9/12	/94	TE 20c. L	ocation – c	lty or Town	, Stata
T. SIGNATURE OF FUNERAL	L SERVICE LICE	PD -C	ill	en	22. NAM	E AND ADD	RESS OF FA	CILITY	DeVol	Funer	al Ho	me
23. PART I. Enter the di ahock, or he	iaeases, Dr co	emplications that diet only one cause	eveed the d	eeth. Do not	enter the	mode of	dying, auc	th ae ce	rdlec or rea	piratory erre	st,	Approximete interval Between
iMMEDIATE CAUSE (Findisease or condition resulting in death)		Gardi DUE TO (0			ary	Art	est					Onaet and Deat
Sequentially list conditi if any, leading to immer cause. Enter UNDERLY! CAUSE (Disease or Inju- that initiated eventa resulting in deeth) LAS	NG ry c.	Cerek DUE TO (O 9 ang	R AS A CONSE R AS A CONSE	Ud.SCU	lar of f	acc oot	Liden		sease			1 day 2 days years
PART II. Other significe	nt conditione	contributing to de	eeth but not	reaulting in t	he under	ying ceus	e given in	Part i.		N AUTOPSY DRMED?	CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
DID TOBACCO		ONTRIBUTE	TO CAU	SE OF D	EATH	YES [y NO					_ 100 1/2410
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO		HOSPITAL:	R/Outpatient		THER:		Rasidence					
	Pending Investigation	28a. DATE OF IN (Month, Day,	JURY	28b. TIME O	28c	INJURY AT WORK?		_		INJURY OCCU	JRED	
	Could not be determined	28s. PLACE OF I building, at	NJURY — At h c. (Specify)	ome, tarm, atree	et, tactory,	office		28t. LO C/h	CATION (Street y or Town, State	t and Number o	r Rural Roul	e Number,
		IAN: To the best of m										nd manner as stated.
196. SIGNATURE AND TITLE		JFW	n		.D.		ICENSE NUI		2	29d. DATE	SIGNED (M	onth, Day, Year)
		/				1 1	24	1/5)	1 00	SIGNO	4.1,1999

31. DATE FILED (Month, Day, SEP 1

Ro

Fox

1994

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TO BE COMPLETED BY FUNERAL DIRECTOR

Amended #1, #106, 9/7/94 MRT, Montgomery County
1- STATE STATE OF MARYLAND' DEPARTMENT OF HEALTH AND RESIDENCE COUNTY

1 - STATE STATE UF MA	CERTIF				MENTAL HYGIEN REG. NO.		0	
1. DECEDENT'S NAME (First, Middle, Last) Chase	Edward	B	rai	nner	2. DATE OF DEATH			ME OF DEATH
CHASE	- 00 0(1 0)		MME		SEPTEMBE!		1994	3:58Pm
	. AGE (In yrs. last birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF BIRTH		-	E (State or Foreign
218-41-5607 1X M 2 □ F	YRS.	MONTHS 3	DAYS 6	HOURS MIN.	(Month, Day, Year) May 27,19	94	Country) Maryl	
9a. FACILITY NAME (If not institution, give street and number)			CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					and
PRINCE GEORGES HOSPIT	AL CENTER	CH	EVE	ERLY		PR	RINCE	GEORGES
RESIDENCE OF DECEDENT								
Maryland Montgomery	TRATARC	v, town o Seabr		ION				INSIDE CITY LIMITS? YES 2 X NO
10e. STREET AND NUMBER	-9	JUUDI		ZIP CODE		10g, CIT	IZEN OF WHAT	TL
9904 Woodstream Cour	÷			20	706	,	IT C A	
11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARMED	13. V	WAS DECI		NIC ORIGIN? (Specify Yea		U.S.A.	marican Indian,
1 XNever Married 2 Married FORCES? 1	YES 2 NO	H	yes, spe	cify Cuban, Maxic	en, Puerto Rican, etc.)	01110	Black, Whit	in, atc.
3 Widowed 4 Divorced IF YES, GIVE WAR	OR DAIES	1	☐ YES	2 NO Specific	y:		Specify:	7.71
15. DECEOENT'S EDUCATION	16a, OECEDENT'S	USUAL OC	CHARIO	M	16h KINO OF BUIL	IMERC/***		White
(Specify only highest grade completed)	(Give kind of v	vork done d			16b. KINO OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12) College (1-4 or 5 +)	N/A	roundu.j			N/A			
17. FATHER'S NAME (First, Middle, Last)	N/A	_		18 MOTHER'S NO	ME (First, Middle, Maiden	Come		
						Surname)		
Douglas Edward Br	ammer Manuage	ADDRESS	/Dimet a		Route Number, City or Town		5. 1.	
Margo Boone 20s. METHOD OF DISPOSITION					Silver Spr			
1 Durial 2 Cremation 3 Removal from State	20b. PLACE AND DATE C cemetery, cremetory or of	OF DISPOSI ther plece)	TION (Na	ne of	DATE 20c. LO	CATION —	City or Town, St	late
4 Donation 5 Other (Specify)	Metropoli	tan				kandı	ria, Vi	rginia
21. SIGNATURE OF FUNERAL SERVICE LICENSEE				D ADDRESS OF FA		77) 4.7	HOVE	TWO
· Other Otrond		5	00 L	NIVERSI'	OLLINS FUNI TY BLVD., V	V., S	SIL. SP	INC, MD 209
23. PART I. Enter the diseeses, or complications that cannot shock, or heart failure. List only one cause	eused the death. Do n	ot enter	the mod	de of dyling, euc	h as cardlec or reapl	ratory en	reat,	Approximate
IMMEDIATE CAUSE (Final	On each line,							Interval Between Onset end Death
		0					ì	C. root only Dod(I)
resulting in death) a, Sucide	A AS A CONSEQUENCE OF	dea	th s	Zyn la	one		-	
_	The state of	,-		V				
Sequentially liet conditions, DUE TO (O	R AS A CONSEQUENCE OF):						
If any, leeding to immediate ceuse. Enter UNDERLYING		*						
CAUSE (Disease or injury	R AS A CONSEQUENCE OF	n.						
that initiated events resulting in death) LAST	THO H CONCLOSE OF	,.					i	
d							-	
PART II. Other eignificant conditions contributing to de	eth but not resulting i	n the und	derlying	cause given in			24b. WERE	AUTOPSY FINDINGS
					PERFOR 1 YES 2		AVAIL	ABLE PRIOR TO PLETION OF CAUSE
						☐ NO		EATH?
DID TORACCO LISE CONTRIBUTE TO CALL	SE OF DEATH VE	C 🗆 .	<u>ام</u>	LINICEDTATI			1 💢	YES 2 NO
DID TOBACCO USE CONTRIBUTE TO CAU 25. WAS CASE REFERRED TO MEDICAL				UNCERTAI				
EXAMINER? HOSPITAL:	28. PLACE OF DEAT	OTHER						
1121	R/Outpatient 3 DOA	4 🗆 Nursi	ing Home		6 Other (Specify)			
27. MANNER OF OEATH 28s. OATE OF IN (Month, Day,		E OF URY	28c. INJL WOR		28d. OEŞCRIBE HOW IN	JURY OC	CUREO	
1 Natural 5 Pending 2 Accident Investigation		М		ES 2 NO				
	NJURY — At home, ferm, a	treet, facto	ry, office		281. LOCATION (Street a City or Town, State)	nd Number	r or Rural Route N	lumber,

29c. LICENSE NUMBER

O.C.M.E.

Penn Street, Baltimore, Maryland 21201

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and refer to the first of the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior ib burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

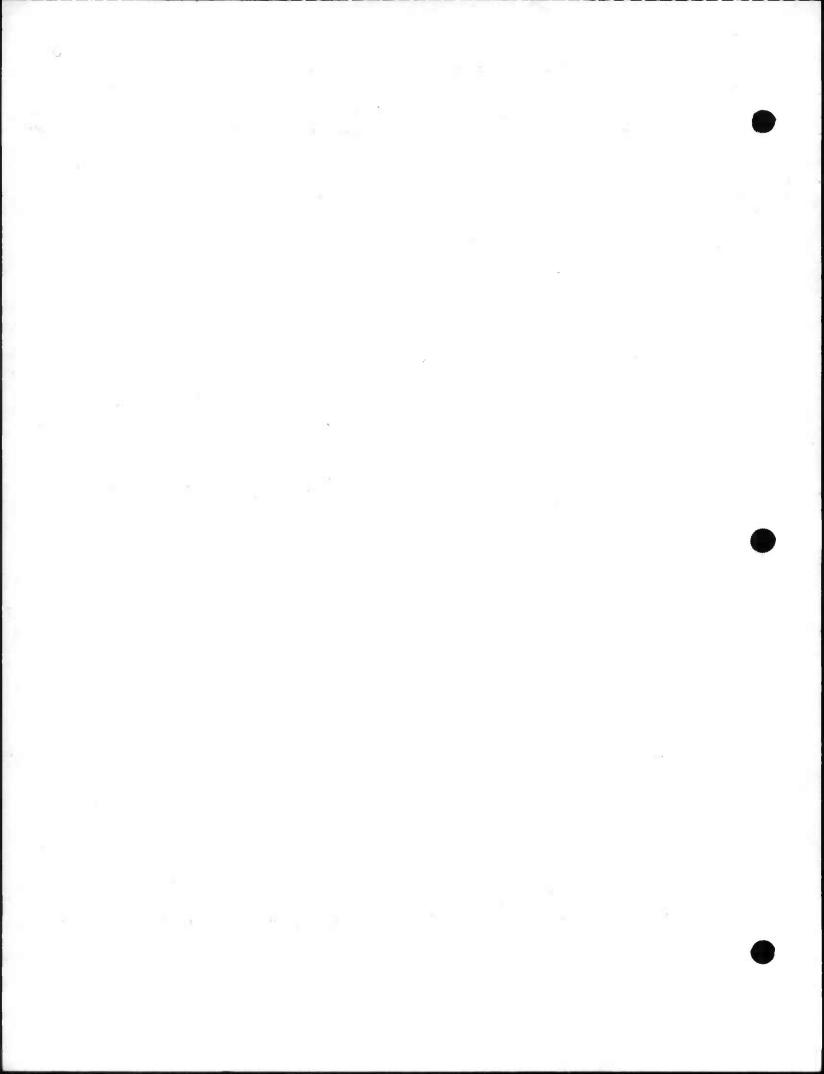
2

BALTIMORE, MARYLAND 21215-0020

1994

29d. DATE SIGNED (Month, Day, Year) SEPTEMBER

3,



	- REGISTRAR		CERTIF	ICATE OF	DEATH	REG	NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH										
	JUNE CATHERINE BA	APTISTE			SEPTEMBER 11,19			6:07	Ам		
	4. SOCIAL SECURITY NUMBER 5. SE	X 6. AGE (In y	6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				н	8. BIRTH	IPLACE (State or Fo	reign	
	466-14-7717 10	M 2 🔀 F	36 YRS.	MONTHS DAYS	HOURS MIN.	JUNE 21.		CDE	w NADA		
	9a. FACILITY NAME (If not institution, give street and	number)	-	9b. CITY, TOWN (OR LOCATION OF DE			NTY OF D			
DIRECTOR	NIH, THE CLINICAL CENTER BETHESDA, MARYLAND MONTGOMERY										
Ä	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION				10d. INSIDE CITY		
	ONTARIO METROPOLI	TAN, TORON	TO	SCA	RBOROUGH				1 YES 2	NO	
A P	10e. STREET AND NUMBER			101	ZIP CODE		10g. CIT	IZEN OF V	WHAT COUNTRY?		
FUNERAL	10 EMPRINGHAM DR UNI	IT 103			MLB3Y8	3	CAN	ADA			
5		AS DECEDENT EVER IN U.			ENDENT OF HISPAN		ly Yaa or No-	14. RACE	E — American India k, White, atc.	ın,	
B		YES, GIVE WAR OR DATE			2 NO Specify		i.)		"YBLACK		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	terf)	Be. DECEDENT'S	USUAL OCCUPATION	ON of working	18b. KIND O	F BUSINESS/IN	DUSTRY			
ᄪ		ge (1-4 or 5+)	life. Do NOT us	se retired.)	st or working						
4P		4	MEDIC	CAL SECRI	ETARY		HOSPI	TAL			
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, M	aiden Surname)				
BE (ANDREW MILLS				AGATHA	E. DOMI	NIQUE				
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural i	Route Number, City o	v Town, State, Zi	p Code)			
-	DALE BAPTISTE		10 EM	PRINGHAM	DR UNIT	103, SC	ARBORO	UGH.	CANADA		
	20a. METHOD OF DISPOSITION 1. Burlal 2 Cremation 3 Removal fro		ACE AND DATE	OF DISPOSITION (No			c. LOCATION —				
	4 Donation 5 Other (Specify)	RE	ST HAVE	N MEMOR	LAL GARDE	ENS 9/16	SCAF	RBORC	UGH, ON	rari (
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1	2	22. NAME AI	ND ADDRESS OF FA	CILITY					
- 1	VALA (Kon	rherode	M0009	J W W	CHAMBEI	RS CO	י ממיינים	ਪਾ ਧਾ	MD 207	27	
\neg	23. PART I. Enter the diseases, or compile	cetione that caused if		the state of the s					Approxima	- ,	
	shock, or heert fellure. List on	nly one ceuse on each	h line.		,,			,	Interval Be	etween	
	IMMEDIATE CAUSE (Final disease or condition	Adull To		4	//	- A			Onagt and	Death	
i	resulting in death)	Adult T-C DUE TO (OR AS A CO	ONSEQUENCE O	P:	2 y mpikon	nice					
2									ĺ		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE O	F):							
8	ceuse. Enter UNDERLYING CAUSE (Disease or Injury										
프	that initiated events	DUE TO (OR AS A CO	ONSEQUENCE O	F):							
	resulting in death) LAST										
2	PART II. Other significent conditions conti	ributing to death but	not regulting	In the underlyin	a causa aluan la	Part I 24a W	S AN AUTOPSY	Oah	. WERE AUTOPSY FI	NDINOS	
DICAL		in a court out	not recurring	in the underlyin	A cense Aiseil Hi		RFORMED?	240	AVAILABLE PRIOR COMPLETION OF C	TO	
						XXY	ES 2 NO		OF DEATH?		
ME	DID TOP (CC) 1107 CC) 1107					_			1 TES 2 X	NO	
AN	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	TRIBUTE TO C	AUSE OF								
PHYSICIAN:	EXAMINER? HOS	PITAL:		OTHER:	ACE OF DEATH (Ch						
14S		npatient 2 ER/Outpatie	ent 3 L DOA		e 5 Residence			Olleco			
	1 Natural 5 Pending	(Month, Day, Year)		JURY WO	RK?	28d. DEŞCRIBE I	IOW INJURY OC	CURED			
8	2 Accident Investigation	8a. PLACE OF INJURY —	At home form		YES 2 NO	201 2017/01/0				-	
유	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Specify)	At nome, term,	street, tactory, offic		28f. LOCATION (S City or Town,		r or Humil	Route Number,		
H.										\rightarrow	
COMPLETED	29a. CERTIFIER (Check only one)										
ő	2 MEDICAL EXAMINER: On the	he basis of examination a	nd/or investigation	on, in my opinion, o	leath occured at the	time, date and place	ca, and dua to t	he cause(s	a) and menner as a	tated.	
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	0 1			29c. LICENSE NUI	MBER	29d. DA	E SIONED	(Month, Day, Year)		
	Soffrey & White, M.D.				1648	28	▶ 5	EPT	12,199	4	
2	30. NAME AND ADDRESS OF PERSON WHO COMP		H (ITEM 27) (Type	, Print)					, , , ,		
	JEFFREY D WHITE,		9000	ROCKVILI	LE PIKE,	BETHESD	A MARYI	LAND	20892-1	166	
	31. DATE FILED (Month, Day, Year) SEP 1 4 1994	2. REGISTRAR'S SIGNATU	URE		,			2			
	SEP 1 4 1994	grana Davidsor	-gandel	_							

DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	F

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H			YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)			erge		2. DATE OF I		- 9 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 060-20-1012	5. SEX 6. AGE (I	In yrs. last birthday)	F UNDER 1 YEAR NONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E	MATH	17 8. BIF	ITHPLACE (State or Foreign intry) NEW YORK
TOR	9a. FACILITY NAME (If not institution, give s 15100 INTERLACHI RESIDENCE OF DECEDENT	· ·			R LOCATION OF DE			9c. COUNTY OF	
DIRECTOR	10a. STATE 10b. COUNTY	MONTGOMERY		TOWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 YES 2 ANO
FUNERAL	10e. STREET AND NUMBER 15100 INTERLACHI	 EN DRIVE #911		10f	ZIP CODE 20906			_	F WHAT COUNTRY? STATES
Β¥	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DEC If yes, spe 1 YES	ENDENT OF HISPAN polity Cuban, Maxica 2X NO Specifi	n, Puarto Rican	pecify Yea o	Bi	ACE — American Indian, ack, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1.2	CATION completed) College (1-4 or 5+)	18a. DECEOENT'S U: (Give kind of wo life. Do NOT use POSTAL	rk done during mo retired.)	N st of working			ERNMEN	
BE COM	17. FATHER'S NAME (First, Middle, Last) ADOLF BERGER				18. MOTHER'S NA	OTTENS'	TEIN		
5	19a. INFORMANT'S NAME (Type/Print) BELLA BERGER	(WIFE)			CHEN DRI				RING,MD.20906
	### METHOD OF DISPOSITION 1 At Burlal # Committee ### Page Page 4 Densition # Disposition At Rem 4 Densition Disposition Dispos	ovel from State BE	PLACE AND DATE OF			9/12		BRIDGE	Town, Stata , NEW JERSEY
	21. SIGNATURE OF FUNERIAL SERVICE LIC	ENGLE			NSKY-GOL ROCKVILL				APELS, INC. 1D.20852
	IMMEDIATE CAUSE (Fine)	e. DUE TO (OR AS A	ech line.						Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in desth) LAST	с	CONSEQUENCE OF):						
A	PART II. Other significent condition	e contributing to deeth bu	ut not resulting in	the underlying	ceuse given in		. WAS AN AU PERFORMI	ED?	4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	DID TOBACCO USE CONTI		F DEATH YES		UNCERTAIN	v 🗆			1 TES 2 NO
YSICI	EXAMINER?	HOSPITAL: 1 Inpettant 2 ER/Outpet	etlent 3 DOA 4	OTHER:	5 Realdence	8 Other (Spi	ecify)		
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year) SEPT. 10,199		M 1 Y	JRY AT RK? ES 2XX NO			ED OUT W	INDOW
	3 Suicide S Could not be 4 Homicide datarmined	28a. PLACE OF INJURY building, atc. (Speci	HOME	eet, tactory, office		28f. LOCATION City or Tox	wn, State)	AS #10	of Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI MEDICAL EXAMINE	CIAN: To the beat of my knowle R: On the basis of examination	edge, death occurred and/or investigation,	at the time, data In my opinion, da	and place, and due ath occured at the	to the cause(a)	and manne	or an stated. due to the cause	e(e) and manner as stated,
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		0		29c. LICENSE NUN	ABER 5-4 (2	Pad. DATE SIGNI	ED (Month, Dey, Year)
ř	30. NAME AND ADDRESS OF PERSON WHO	12 MEGISTRADIS SIGNA	1218 C	rim) ~ 15 Ce	msin	Au		37	20814.
	SEP 1 2 1994	Julia Davidso	m-Pandell						

v.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCLEN

REGISTRAR			CLITTI	ICALI	E OF [JE-7111	RE(G. NO.			
1. DECEDENT'S NAME (First, Middle, Lest)							2. DATE OF OE	ATH		3.	TIME OF DEATH
	7	ucille		dley			Septem	ber"	10,19	94	5:10 A M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yr.	s. last birthday) YRS.	IF UNDER		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,	Manc)		Country	CE (State or Foreign
9e. FACILITY NAME (If not institution, give s	_ ^	70	The.	9h CITY	Y TOWN OR	LOCATION OF DE	Jan. 14		ATR M		Virginia
Holy Cross Hospi	_ ′			-		Spring	A		Mont		
RESIDENCE OF DECEDENT 100. STATE 100. COUNT			100 CIT	`	OR LOCATIO						
	gomery				r Spr						1. INSIDE CITY LIMITS? YES 2 X NO
10e. STREET AND NUMBER	gomery			TTVC		TIP CODE		1	log. CITIZEN		COUNTRY?
1220 Blair Mill	Road, #50)5				20910			Unit	ed S	tates
11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S	ARMED YNO	13.	WAS DECEN	NDENT OF HISPAN	IC ORIGIN? (Spec	cify Yea or	No- 14.	RACE -	Americen Indian,
1 Never Married 2 Merried 3 X Widowed 4 Divorced	IF YES, GIVE W					NO Specify		,		Specify:	
15. DECEDENT'S EDU		16a	DECEDENT'S	USUAL O	CCUPATION		16b. KIND	OF BUSIN	ESS/INDUS		hite
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done se retired.)	during most	of working					
10			Homema	ker				n Ho			
17. FATHER'S NAME (First, Middle, Last) William James	Felty					18. MOTHER'S NAI			rname)		
19a, INFORMANT'S NAME (Type/Print)	Teley	-	19b. MAIL INC	ADDRESS	S (Street and	MYT CIE	Elli:		State 7in Co.	dal	
James P. Piccolo	, Sr.		Same			Transa or Harai II	oute Humber, Only	or lown,	state, zip ooi	00)	
20a, METHOD OF DISPOSITION 1 X Burial 2 Cremetion 3 Rem	novel from State		CEAND DATE	OFDISPOS	SITION (Name	e of	DATE 2	20c. LOCA	TION — City	or Town,	State
4 Donetion 5 Other (Specify)		Bra	dley C	emet	ery			inds	side,	West	t Virginia
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	2				ADDRESS OF FAC Funeral		es F	ο Δ		
> Elken	N. K	ap	P	9	933 G:	ist Aver	nue. Sil	lver	Sprin	ng. M	4D 20910
23. PART I. Entar tha diseases, or shock, or heart failure.	complications the List only one cau	t causad the	death. Do	not antar	r tha moda	a of dying, auct	as cardiac or	raapirei	ory arrast	,	Approximata interval Batween
iMMEDIATE CAUSE (Final disease or condition		/ .	/		1	4					Onset and Death
resulting in death)	a. Car	CLID P	SECUENCE O	on	HTT	LR .					TMin
	. End S	tare	Chron	.,							
Sequantially list conditions, if any, leading to immadiate				· Clo	struc	tive fo	Imonon), 1000-		7150
Cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO	(OR AS A CO	SEQUENCE O	F):	struc	tive fo	Imonay	0), sear		4 min Zgrs
	c				struc	tive fo	Imonay	0), seare		Zgrs
that initiated eventa resulting in death) LAST	c	(OR AS A COP			struc	itive fu	Imonay	C), seare		Zgrs
that initiated eventa resulting in death) LAST	c. DUE TO	(OR AS A COP	NSEQUENCE O	F):		tive fu		0), seac		Zgrs
that initiated eventa	c. DUE TO	(OR AS A COP	NSEQUENCE O	F):		tive fu	Part I. 24a. v	MAS AN AU	TOPSY	24b. WE	RE AUTOPSY FINDINGS
that initiated eventa resulting in death) LAST	c. DUE TO	(OR AS A COP	NSEQUENCE O	F):		tive fu	Part I. 24e. V	MAS AN AU	TOPSY ED?	24b. WE	RE AUTOPSY FINDINGS
that initiated eventa resulting in death) LAST	c. DUE TO	(OR AS A COP	NSEQUENCE O	F):		tive fu	Part I. 24e. V	MAS AN AU	TOPSY ED?	24b. WE AWA COI OF	RE AUTOPSY FINDINGS IL ABLE PRIOR TO MPLETION OF CAUSE
that initiated eventa resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL	c. DUE TO	(OR AS A COP	NSEQUENCE O	F):	nderlyling (cause given in	Part I. 24a. v p	MAS AN AU	TOPSY ED?	24b. WE AWA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETTON OF CAUSE DEATH?
that initiated eventa resulting in death) LAST PART II. Other algnificant condition	c. DUE TO	(OR AS A COR	ot requiting	othe	28, PLACE:	tive fu	Part I. 24a. V P 1	MAS AN AU PERFORME YES 2 ()	TOPSY ED?	24b. WE AWA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETTON OF CAUSE DEATH?
PART II. Other aignificant condition 25. Was case referred to medical examiner? 1 □ Yes 2 ☒ NO 27. Manner of Death	c. DUE TO d	death but n	ot raquiting	In the ur	28, PLACE	CE OF DEATH (Che	Part I. 24a. V P 1	MAS AN AU PERFORME YES 2 ()	TTOPSY ED? V NO	24b. WE AWA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETTON OF CAUSE DEATH?
PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	d. DUE TO d. HOSPITAL: 1X inpatient 2 28e. DATE OF	death but n	ot raculting	OTHEI	28, PLACE R: rsing Home 28c, INJUR: WOR! 1 YES	CE OF DEATH (Che	Part I. 24a. V P 1	MAS AN AU PERFORME YES 2 ()	TTOPSY ED? V NO	24b. WE AWA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETTON OF CAUSE DEATH?
that initiated eventa resulting in death) LAST PART ii. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO d ns contributing to HOSPITAL: 1 X inpatient 2 28e. DATE OF (Month, D	death but n	ot raculting	OTHEI	28, PLACE R: rsing Home 28c, INJUR: WOR! 1 YES	Cause given in Cause given in Grant (Che S - Residence SY AT CT	Part I. 24a. V P 1	MAS AN AUPERFORME YES 2 () My) HOW INJU	TTOPSY (D? NO	24b. WE AMA COI OF 1	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PART II. Other aignificant condition 25. Was Case Referred to Medical EXAMINER? 1 Yes 2 X NO 27. Manner of Death 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO d. ns contributing to HOSPITAL: 1)() inpatient 2 [28e. DATE OF (Month, D) 28e. PLACE O building,	death but n BER/Outpatier INJURY ay, Year) FINJURY — A etc. (Specify)	ot requiting	OTHEI 4 Nur E OF JURY M	28, PLAC R: rsing Home 20c, INJUR 1 YE: tory, office	CE OF DEATH (Che S \subseteq Residence RY AT CT S 2 \subseteq NO	Part I. 24a. V P 1	MAS AN AUPERFORME YES 2 () Ify) HOW INJU	TOPSY ED? NO URY OCCUR	24b. WE AMA COI OF 1	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

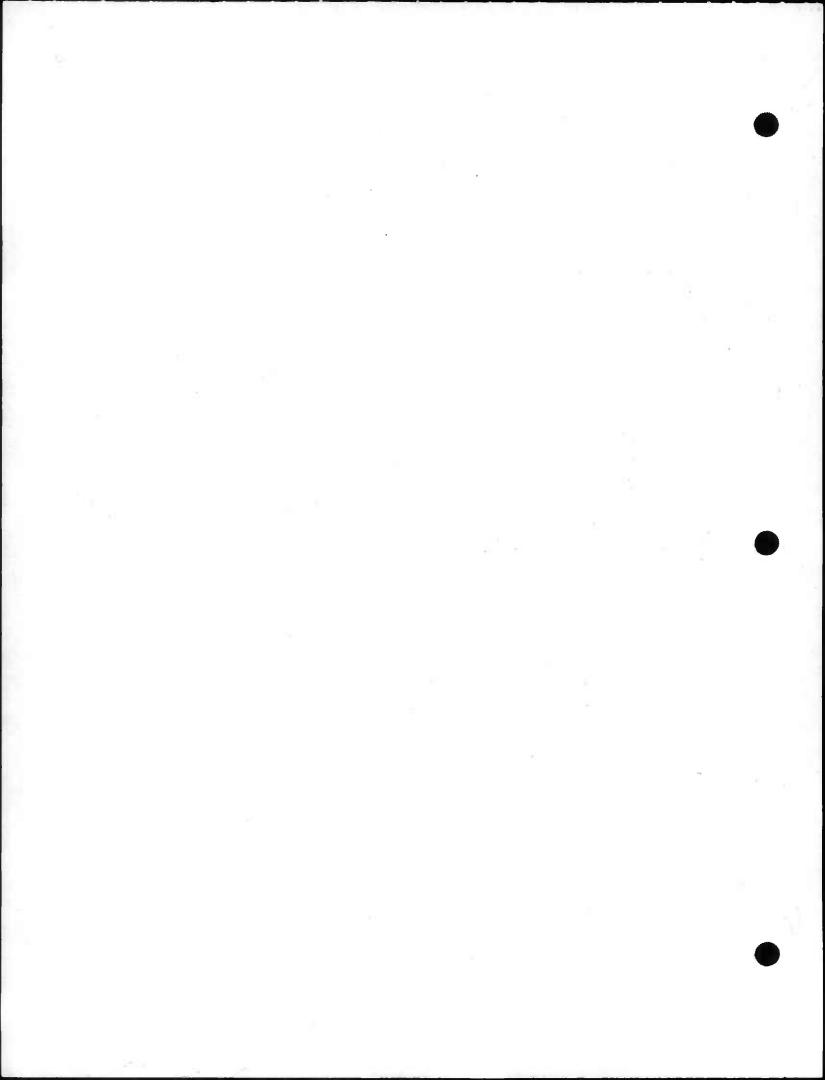
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

SEP 1 2 1994

Julia Davidson-Randell



DIRECTOR

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BALTIMORE, MARYLAND 21215-0020

THE HOSPITAL THE FUNERAL filed within 72 IPORTANT: If
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. A fours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL THE FUNERAL filed within 72 IPORTANT: If
THE HO THE FUI filed with

CERTIFICATION

MEDICAL

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COMPLETED

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED FAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

32. APGISTRAR'S SIGNATURE. Fundalle

CHUTE

1994

DENNIS J.

31. DATE FILED (MONTH).

DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR MARCELA (A.K.A. MARCY) BELLO SEPT 1994 10 8:17 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 223-82-6001 1 🗌 M 2 🔯 F SEPT. BOLIVIA. S. AMER 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 18639 NATHANS PLACE GAITHERSBURG MONTGOMERY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION MD. MONTGOMERY GAITHERSBURG 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 20879 9703 DOCENA DR. U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Maxican, Puarto Rican, etc.) 14. RACE — American Indien, Black, Whita, alc. 1 Never Married 2 Married FORCES? 1 YES 2
IF YES, GIVE WAR OR OATES 1 TYES 2 NO Specify Specify: 3 Widowed 4 Divorced BOLIVIAN WHITE 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EOUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) LOAN OFFICER CREDIT UNION 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) RODOLFO FLORES BEATRIZ MORELLI 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, Cify or Town, State, Zip Code) L. ARTURO BELLO SAME AS TTEM 20a. METHOD OF DISPOSITION
1 ☐ Burial 2 ☒ Cremailon 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE CHAMBERS CREMATORY 4 Donation 5 Other (Specify) 9/13 RIVERDALE. MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY 20910 M00091 W. W. CHAMBERS CO. INC., SILVER SPRING, MD. 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate Interval Batween shock, or haart failure. List only one causa on each lina IMMEDIATE CAUSE (Final **Onset and Death** Gunshot Wound of Head disease or condition reaulting in death) Sequantially list conditions, QUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO partial 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) FYAMINER? HOSPITAL: OTHER:
4 Nursing Homa 5 Residence 8 Other (Specify) 1X YES 2 □ NO HOSPITAL: 27. MANNER OF DEATH 28a, QATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO selfinflicted gunshot 1 Natural 2017 110 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, ferm, streel, tectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Aural Route Number, City or Town, State) 18639 Nathanillas Mantgomery 3 Sulcide 6 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERUPPIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Muti O.C.ME SEPT 11,1994 nun

DHMH-16 Rev 1/89

111 Penn Street, Baltimore, Maryland 21201

	1 - STATE REGISTRAR	STATE OF M		CERTIF						G. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DE	EATH			3. TIME OF DEATH	_
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	4. SOCIAL SECURITY NUMBER 5.	SEX	6. AGE (In yrs	s. last birthday)	IF UNDER		IF UNDER		7. DATE OF BI (Month, Day,			8. BIRTI	IPLACE (State or Foreign	_
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	9e. FACILITY NAME (If not institution, give street	and number)			9b. CITY	r, TOWN O	R LOCATIO				<u> </u>	NTY OF O		_
DIRECTOR	Holy Cross Hospita	11			Si	lver	Spr	ing			Mo	ntgo	mery	
EC	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWH C	OR LOCAT	ION						10d. INSIDE CITY	_
DIR	Maryland Montgon	norn			Silve								LIMITS?	
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	1 Never Married 2 Merried	FORCES? 1 IF YES, GIVE W				If yes, spe	cify Cuber 2 NO	n, Mexicar	n, Puerto Rican,	atc.)		Spec		
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COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com	ON npleted)	16a.	(Give kind of u	USUAL Of	CCUPATIO	IN st of workin	rg .	16b. KIND	OF BUS	SINESS/INC	USTRY		
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BE	John Mad 190. INFORMANT'S NAME (Type/Print)	lden		105 MAII INC	**************************************	. (0) = 4 -		lice		_	Gait		010/0	
5	Medora L. Pelicano								Route Number, Cit			,	21043	
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	20g METHOD OF DISPOSITION 1	from State	cemetery.	t Linc	thar place!			0						ļ
ij	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	TOI	E LINC	22.	NAME AN	D ADDRES	SS OF FAC	CILITY				aryland	-
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	resulting in death)	100	410	Mm	NO	au	1 1	ne	21				Sudden	1
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F	resulting in deeth) LAST	, se	2051	5									Twee	
S	DART II Other significant conditions o												1	
CAL	PART II. Other algnificent conditions of	need	deeth bul	ot resulting	In the un	iderlying	cause g	iven in		WAS AN	AUTORSY MED?	24b	. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO	
EDIC					0100				1 🗆	YES 2	2/10		OF DEATH?	
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ETED	4 Homicide 6 Could not be	building,	etc. (Specify)	t Honre, reini,	MI 501, 100.	Ory, ornes			28f. LOCATION City or Tow	n, State)	Iña Numoer	OF Murai r	Houte Number,	
١٣	290. CERTIFIER 1 CERTIFYING PHYSICIAN	N: To the best of	my knowledge	death occurs	and at the H	Ime date	and place	and due	to the source(s)					4
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COMPL	1 1	our me deale of a)							1050		and DAT	F 01001F0	44 - 0 - V - 1	4
8	286. AGNATURE AND TITLE OF CERTIFIER	(m						PISE NUM	PBER 222		29d. DAT	E SIGNEO	(Month, Day, Year)	-
ш	1 1	ry			Print)				**************************************	-	29d. DAT	E SIGNEO	(Month, Day, Year)	

32 MEGISTRAR'S SIGNATURE
Julia Davidson-Rondall SEP 1 2 1994

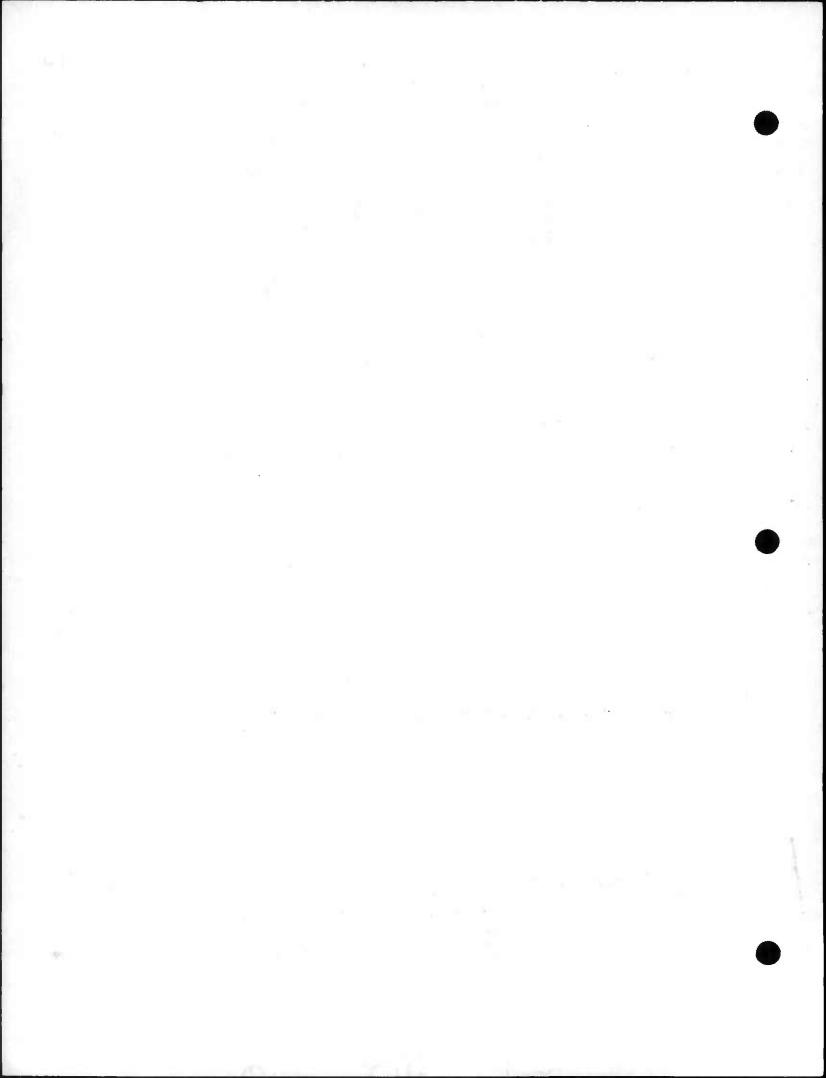
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within four ster death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH allins GENE 6. AGE (In vrs. last hirthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS 1 M 2 - F DAYS HOURS MIN YRS 96. CITY, TOWN OR LOCATION OF DEATH FACILITY NAME (If not institution 9c. COUNTY OF DEATH 1018 DIRECTOR Wicomico TAIRGROUND isburn RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 106. COUNTY
WICOMIC 10e STATE 10d. INSIDE CITY MD PALISBURK 1 XYES 2 NO FUNERAL 10a. STREET AND NUMBER CODE t0g, CITIZEN OF WHAT COUNTRY? 018 21801 HAIRGROUND DR. 1.5 ours after death. Page 6 may be retained by the hospital or attending physician 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIt yes, specify Cuben, Mexicen, Puerto Ricen, atc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian Black, White, etc. burial-t BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried It yes, specify Cube Specify: Blady ΒY Specify: 3 Widowed 4 Divorced signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the Health and Mental Hygiene prior to burial, cremation, or removal. tee. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) entary/Secondary (0-12) College (1-4 or 5+) ARMER aborer notified at once. FATHER'S NAME (First, Middle, Last) MOTHER'S NAME (First, Middle EEN DURLER -olli BE INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street Ø 31245 EDEN AllEN RD TU 20e. METHOD OF DISPOSITION ag 20b. PLACE AND DATE OF DISPOSITION (Name of DATE. 20c. LOCATION must Buriel 2 Cremetion 3 -9/24/9 Donetion 5 Other (Specify) cm medical examiner 22. NAME AND ADDRESS OF FACILITY
ANTHONY E. WARD Princess 30639 Hampolen MD. 21853 23. PART 1. Entar tha diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory ahock, or haart failure. List only one cause on each line. intarval Batween IMMEDIATE CAUSE (Final **Onaat and Death** the disease or condition Garlei MONTHS reaulting in death) event. DIVISION OF VITAL RECORDS, P.O. BOX 68760. DUE TO (OR AS A CONSEQUENCE OF) or other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting In death) LAST shows any Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL COPD 1 TES 2 NO DE DEATH? 1 YES 2 NO has been Dept. of f PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN HOSPITAL OR ATTENDING PHYSICIAN: The law item 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) r this certificate his with the State [HOSPITAL OTHER 1 TYES NO 1 Inpatient 2 ER/Outpatient 3 DOA 5 Reeldence 8 - Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED is marked. Natural 1 YES 2 NO DIRECTOR: After the hours after death w В 2 Accident 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 28 4 Homicide THE FUNERAL DIRECTOR filed within 72 hours at MPORTANT: It item 2 29e. CERTIFIER CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as attated. TO THE HOSPITA
TO THE FUNERA
be filed within 7,
IMPORTANT: IS 2 MEDICAL EXAMINER: On the bests of exemination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 036576 1801 9 30. NAME ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) P.

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02. REGISTRAND SIGNATURE

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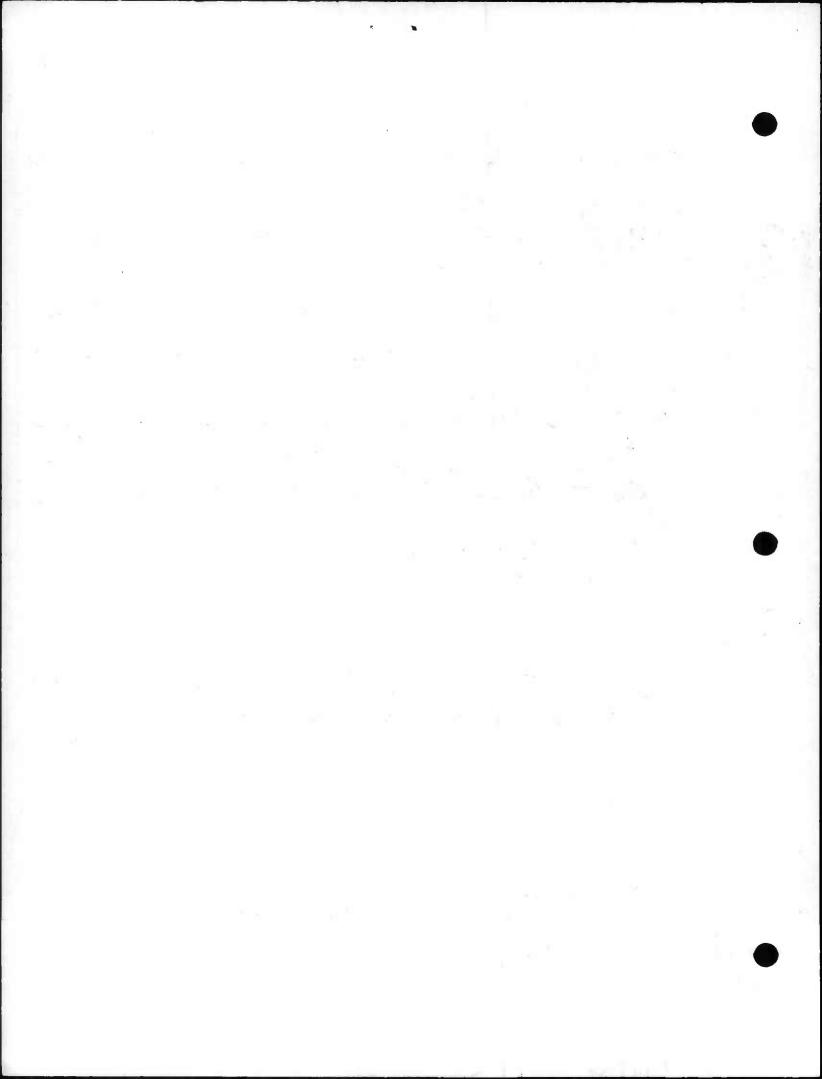
TO BE COMPLETED BY FU	AN A	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
be notified at once.	he medical examiner must	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ed	on, or removal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
page 5 should be detached for use as the burial-	filled in by the funeral director, p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-li
ly be retained by the hospital or attending physic	hours after death. Page 6 ma	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physical
BALTIMORE, MARYLAND 21215-0020	_	DIVISION OF VITAL RECORDS, P.O. BOX 68760

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

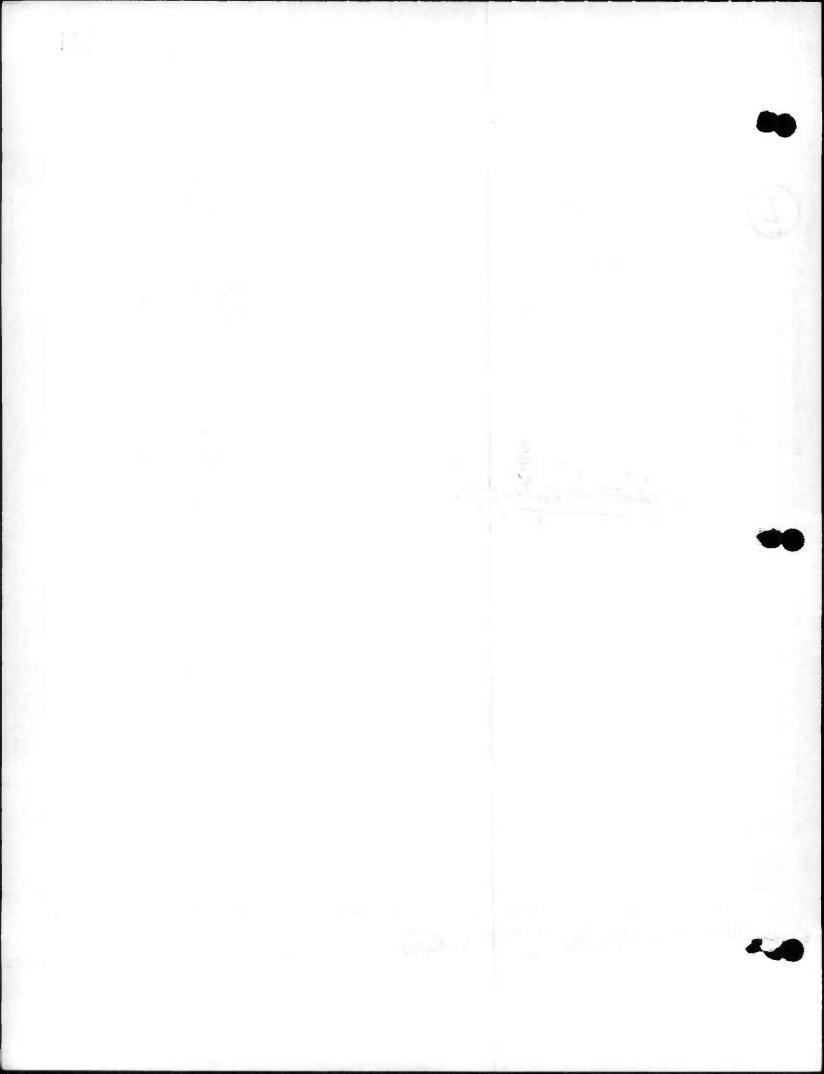
_	HEGISTHAR		CENTIL	ICATE	JF DE	АІП	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
	Lorina		<u>Chambers</u>	_			September1	0,19	
			AGE (In yrs. last birthday)		AR IF U	INDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	01	8. BIRTHPLACE (State or Foreign Country)
	- 19 00 0000	□ M 2 🏋 F	98 YRS.				4-10-18	76	MARYLAND
~	9a. FACILITY NAME (If not institution, give stree					CATION OF DEA	ATH		ITY OF DEATH
DIRECTOR	Physicians Memori	al Hospit	al	LaP	Lata			Cha:	rles
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		18c CI	TY, TOWN OR L	OCATION				10d. INSIDE CITY
<u>E</u>	MD Pula	01-5	1.00.00	1, 101111 011	- 1	10-1			LIMITS?
	10e. STREET AND NUMBER	RLES		-	101 710	61/7		40- OITI	1 YES 2 NO
FUNERAL	n= 4/20 1 n	DIATA	PARI		101. ZIP (1 11	//	10g. C1112	ZEN OF WHAT COUNTRY?
쀨	11. MARITAL STATUS	2. WAS DECEDENT EV	10140	1		2069	4	-	NA
	1 Never Merried 2 Merried	FORCES? 1	YES 2 NO	If ye	s, specify (Çuben, Mexican	C ORIGIN? (Specify Yee , Puerto Rican, etc.)	or No-	14. RACE — American Indian, Black, White, atc.
BY	Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 -	YES 2	NO Specify:			Specify:
<u>۵</u>	15. DECEDENT'S EDUCAT	TION	18 e. DECEDENT'S	USUAL OCCU	PATION		16b. KIND OF BUS	INESS/INDI	USTRY
	(Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) Callege (1-4 or 5 +)	(Give kind of life. Do NOT u	work done durir ise retired.)	g most of w	vorking	55,25,000		
립	,,,,,,		1	MAI	ク		1/5	60	KERNHENT
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					MOTHER'S NAM	E (First, Middle, Maiden		
BE (19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	reat and Nu	mber or Rural Re	oute Number, City or Town	, State, Zip	Code)
5	MARY C. MOI	MULLE	N In	200	LAF	INTA	Kd LAPI	ATA	1 KM 30/4/
	20e. METHOD OF DISPOSITION	cs = 17/5-	20b. PLACE AND DATE	OF DISPOSITIO	N (Name of		DATE 20c. LOC	CATION —	City or Town, States
	1 Buriet 2 Cremation 3 Remove 4 Donaties 5 Other (Specify)	il from State	cemetery, crematory or	other place)	ATOP	ey	1	11	WON UD
	21. SIGNATURE OF PINERAL PERVICE LICEN	SEE	2110117			DIESS OF FAC	ILITY A	1.03	Tiend of
,	> W 1/4 7/	6	700113	V	1. 6	544	USINIT	ORI	Unity
3	JUMIN N CV	au_		44	33 1	4/1/170	FRS.CA.	10/1	116 188, 190
1	23. Por K Enter the diseeses, or con shock, or heart fellure. Lis	it only one ceuse of	on each iine.	not enter the	mode of	dylng, such	as cardlec or respl	ratory arre	est, Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition	C		11	- 4	1	-	_	Onaet and Death
	resulting in death)	CONGO	ESTIVE	+	EA	RT	AILUI	2E	
		DUE TO (OR	AS A CONSEQUENCE O	OF):					
CERTIFICATION	Sequentielly list conditions, b.	DUE TO (OR	AS A CONSEQUENCE O	ne.					
TA.	If any, leeding to immediate cause. Enter UNDERLYING			. ,.					į l
띮	CAUSE (Disease or Injury that initieted events	DUE TO (OR	AS A CONSEQUENCE O	PF):					
Ē	resulting in deeth) LAST								
빙	0								
EDICAL	PART II. Other significent conditions of			in the under	iying ceu	ise given in F	Part i. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
읦		ENSTO					1 _ YES 2		COMPLETION OF CAUSE OF DEATH?
	RENAL T	FAIL	URE						1 TES 2 NO
ä	DID TOBACCO USE CO	ONTRIBUTE 1	O CAUSE O	F DEATH	YES	□ NO	G/		
ĕ I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			6. PLACE	OF DEATH (Chec	ck only one)		
is			/Outpatient 3 DOA	OTHER: 4 Nursing	Home 5	Residence 6	Other (Specify)		
PHYSICIAN: M	27. MANNER OF DEATH	28e. DATE OF INJU		ME OF 280 JURY	: INJURY A	AT	28d. DESCRIBE HOW IP	JURY OCC	URED
B	1 Natural 5 Pending 2 Accident Investigation				YES	2 NO			
	3 Suicide 8 Could not be	28s. PLACE OF IN. building, etc.	JURY - At home, farm, (Specify)	street, fectory,	office		28f. LOCATION (Street a City or Town, State)	nd Number	or Rural Route Number,
Ë I	4 Homicide detarmined						ony or rown, oraco,		
ا ٦	290. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my	knowledge, death occur	red at the fime,	data and p	place, end due f	o the cause(e) and man	ner ee state	od,
COMPLETED									cause(e) end menner ee stated.
Ö	29b. SIGNATURE AND TITLE OF CERTIFIER		0#5000		29c.	LICENSE NUMI	BER I	29d DATE	SIGNED (Month, Day, Year)
<u>ه</u> ا	V Ann	ana	ulla			D-260		>	91194
임	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED () USE O	F DEATH (ITEM 27) (Type	, Print) _					1-11-17
	Vidyasagar Anmanga	andla Po	ute5 and C	P.C	BO36	X 282	Charlatta	<u></u> Ц_11	20622 1,Maryland
	31. DATE FILED (Month, Day, Year)	J 32. REGISTRAR'S	SIGNATURE A	ordell	neac	n voad	CHALTOLLE	пат.	r, mary Land
	SEP 2 0 1994	1 jala di	SIGNATURE RANGE	4					
- 11		LV							



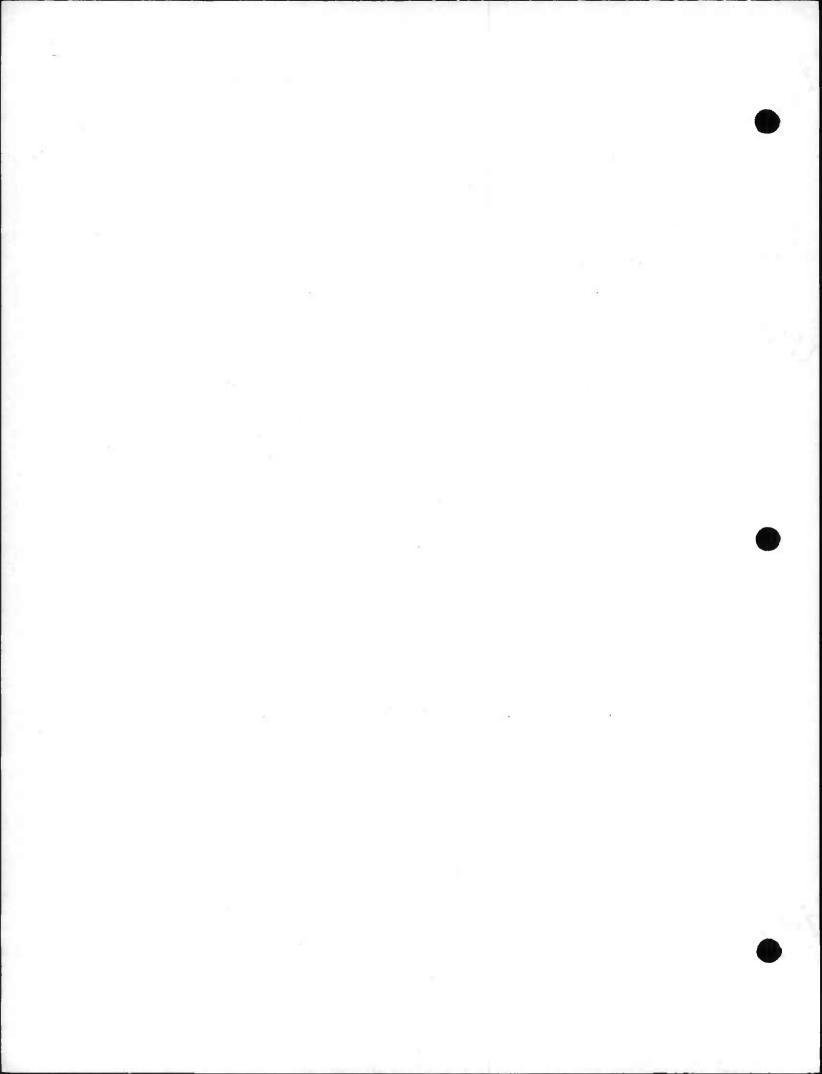
FOR

BALTIMORE, MARYLAND	ours after death. Page 6 may be retained by the hosp	in by the funeral director, page 5 should be detached. For removal.	the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, gurs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complex. In by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremate. For removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF MARYLAND / D		OF HEALTH AND OF DEATH	MENTAL HYGIEN	E	
		WALTER J. CONDO			2. DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. last b	YRS. MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year)	8. B	COUNTRY) OWARD PA
CTOR		SING CENTE		DERICK			DERICK
FUNERAL DIRECTOR		ERICK	FREI	-		10g CITIZEN	10d. INSIDE CITY LIMITS? 1 XYES 2 NO OF WHAT COUNTRY?
NER	8012 Hollow Reed (21701		US	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 XWidowed 4 Divorced	2. WAS DECEDENT, EVER IN U.S. ARMI FORCES? 1. \(\tilde{\Delta}\) YES 2 \(\tilde{\Delta}\) NO IF YES, GIVE WAR OR DATES \(\tilde{WWII}\)	ED 13. W	MS DECENDENT OF HISPA yes, specify Cuban, Mexic YES 2 NO Speci	an, Puerto Ricen, etc.)	100	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondery (0-12) 12 years	(Give iffe. D	EDENT'S USUAL OC le kind of work done di lo NOT use retired.) ghway In:	uring most of working	16b. KIND OF BUS	INESS/INDUST	RY
BE COM	17. FATHER'S NAME (First, Middle, Last) Jonathan Condo			16. MOTHER'S N. Bessie	AME (First, Middle, Maiden J. Pletche	r	
10	G. Michael Condo	80	012 Holl	(Street and Number or Rural OW Reed Cou	rt Frederic		
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	Schene	r disposition (Name) cks Ceme	ne of cemetery, crematory or tery	0/10	ward, P	or Town, Stata Pennsylvania
	21. SIGNAPOTE OF PURIFICAL SERVICE SICENS	atlet }	RO	BERT E. DAI	LEY & SON		HOMES, P.A.
CERTIFICATION	23. PART I. (Enter the disease of condition of condition resulting in death) Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUED TO (OR AS A CONSEQ	JENCE OF):	the mode of dying, such			Approximate interval Between Onset and Death
PHYSICIAN: MEDICAL CI	PART II. Other significent conditions of	contributing to deeth but not res		derlying cause given in	Part I. 24s. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN		OSPITAL:	OTHER	26. PLACE OF DEATH (C	heck only one)		
BY PHYS	1 VES 2 NO 1 (27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	Inpetient 2 ER/Outpetient 3 28e. DATE OF INJURY (Month, Day, Year)		Ing Home 5 Realdence 26c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify) 26d. DESCRIBE HOW II	NJURY OCCURE	ED.
<u>a</u>	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY — At home building, etc. (Specify)	e, farm, atreet, facto	ry, office	281. LOCATION (Street & City or Town, State)		ural Route Number,
COMPLET	one) 2 MEDICAL EXAMINER: C	N: To the best of my knowledge, destion the basis of examination and/or inv		linion, death occured at th	e time, date and pieca, an	nd dua to the car	
TO BE	30. NAME AND ADDRESS OF PERSON WHO C	B. Temola.	OT Con City	29c. LICENSE NU	18191	≥ 9-	GNED (Month, Day, Year)
	ATTHUR G. M	The programme of DEATH (ITEM)	21) (1) (1) Print)	from John	un Dr. Fr	elevik	4 12002
	31. DATE FILED (Month, Day, Your) SEP 1 6 1994	32. REGISTRAN'S SIGNATURE	arlete				



	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)			7112 01	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
	Paul Oliver D	avid Clau	SS			Sept 18	199	EAR 0030 A M
				UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign Country)
	1/1 00 7140	∑M 2 □ F 8	9 YAS.	OAYS	HOURS MIN.	April 4, 1	905 A	Ilentown, PA
~	9e. FACILITY NAME (If not institution, give street	t end number)			R LOCATION OF DE	ATH	9c. COUNTY	
DIRECTOR	Frederick Memoria	1 Hospita	1 I	rederi	ck		Frede	rick
띭	10e. STATE 10b. COUNTY	W	10c. CITY, 1	OWN OR LOCAT	ION			10d. INSIDE CITY
8	Maryland Frederi	ck	Frede	rick				1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE			OF WHAT COUNTRY?
	716 Wyngate Dr.,				21701			ed States
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced	2. WAS DECEDENT EVER I FORCES? 1 1 YES IF YES, GIVE WAR OR C	2 NO	It yee, sp	ENDENT OF HISPAN ocity Cuban, Mexicer 2 NO Specify	IC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	or No- 14	RACE — American Indian, Black, White, etc. Specify: White
유	15. DECEDENT'S EDUCATE (Specify only highest grade con	ION npieted)	16e. DECEDENT'S US	UAL OCCUPATIO	IN et of working	16b. KIND OF BUS	INESS/INDUS	TRY
		College (1-4 or 5 +)	life. Do NOT use n	etired.)	st or working	2 1.		
COMPLETED		1	Real est	ate		Realty	-	
- 1	17. FATHER'S NAME (First, Middle, Lest) Oliver N. Clauss					ME (First, Middle, Meiden : a Wilson	Sumeme)	
8	19e. INFORMANT'S NAME (Type/Print)		195 MAII ING AC	DRESS (Street a		NOUTE Number, City or Town	- Ct-4- 7/- C-	4.
임	Dorothy L. Clauss		1			derick, MD		
	20a, METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Removal	from State	b. PLACE AND DATE OF	DISPOSITION (No	me of	OATE 20c. LOC	CATION — City	or Town, State
1	4 Donation 5 Other (Specify)	Ğ	reenwood (emeter		-21-94 A11		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE				wn Pike, F		eral Homes, P.A.
Ц	Plant 1.13.	Macka	7_		•			21702
RTIFICATION	23. PART I. Entar tha diseasea, or comahock, or heart failura. List IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated avants reaulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):		ae or dying, sucr	as cardiac or respi	retory arrest	Approximata interval Batween Onset and Daath
	d							
¥	PART il. Other algnificant conditions c	ontributing to death t	out not resulting in	he undariyin	cauae givan in i	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						1 YES 2	□ NO	OF DEATH?
Σ	DID TOBACCO USE CO	NITPIRITE TO	CALISE OF F	EATH V				1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	HAIRIBOIL 10	CAUSE OF E		ACE OF DEATH (Che	<u> </u>		
200		OSPITAL:		THER:	5 Realdence			
BY PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ		28d. OESCRIBE HOW IN	JURY OCCUR	IED
	3 Suicide 6 Could not be 4 Homicide dstermined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, term, stre	et, tectory, offic		28t. LOCATION (Street a. City or Town, State)	nd Number or	Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAI EXAMINER: C							euse(e) end manner ee ststed.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	110/10			29c. LICENSE NUM	BER		IGNED (Month, Day, Year)
2	20 NAME AND ADDRESS OF STREET	0/9/	(m)		シ/)	1547	P	2/18/54
	30. NAME AND ADDRESS OF PERSON, WHO CO	OMPLETED CAUSE OF OR	EATH (ITEM 27) (Type, Pri PRULL)		Food	m)		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN			7 7 0			
610		1						



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

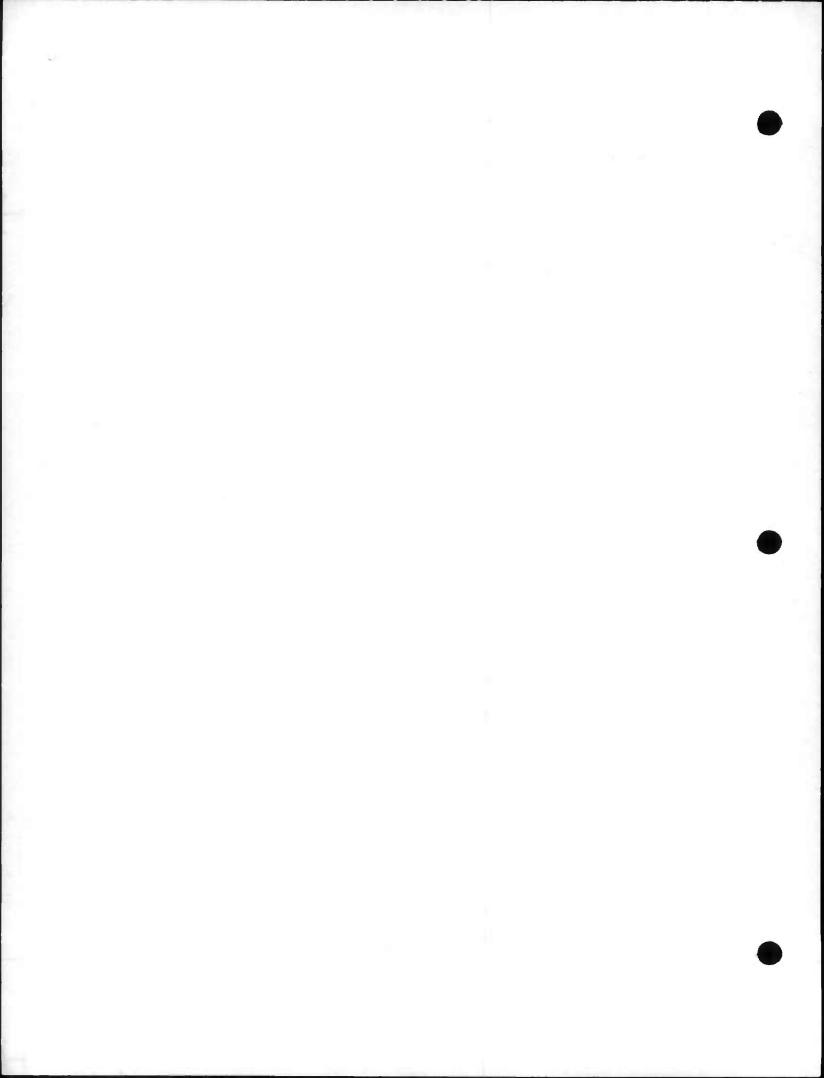
	REGISTRAR	(CERTIF	ICATE	OF	DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) LOUISE Payne		Cla	-1/			2. DATE OF	DEATH DAY	YEAR	3. TIME OF DEATH
ŀ	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs.		- 1			-	nber 18		11:06 PM
	217-36-5924 1□ № 2 Д F	79		IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.		26,1	915 Wa	HPLACE (State or Foreign try) Ishington I
TOR	9a. FACILITY NAME (If not institution, give street and number) Shady Grove Adventis RESIDENCE OF DECEMENT	t Hos	pital			kville	EATH	9	Monto	Jomery
DIRECTOR	10a. STATE 10b. COUNTY Maryland Montgomer	У		y, town o						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 20221 Shipley Terrac	e			101	20874	ŀ	. 1	og. CITIZEN OF Ameri	WHAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 \$\tilde{T}\$T	YES 2	ARMED NO	- 11	yes, sp	ENDENT OF HISPAI ecity Cuban, Maxica 2 NO Specif	in, Puerto Rice	Specify Yes or en, etc.)	Blac	E — American Indian, ck, White, etc. White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1 2 College (1-4 or 5+	,	DECEDENT'S (Give kind of site. Do NOT us Clerk	work done d se retired.)	CUPATIO	ON st of working			ess/industry overnn	nent
S	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA		tle, Maiden Sur	name)	
8	Morris Payne 19e. INFORMANT'S NAME (Type/Print)						sie		thwell	
2	John A. Clark		1292	5 A	lde.	nd Number or Rural rleaf I	Prive	city or Town, S Ger	itete, Zip Code) mantov	20874 In, Md.
	20s. METHOD OF OISPOSITION 1 □ Burtel 2 ② Cremation 3 □ Removal from State 4 □ Donation (5 □ Other (Specify)	cemetary,	CE AND DATE	ther place)			OATE		TION — City or T	
	21. BIONATURE OF FUNERAL SERVICE LICENSEE .			22. P	Cre	Matoriu ID AOORESS OF FA	im 9/2	40 Be	thesda	, Maryland
	Nomit L. Willia	me								Suneral Hon Maryland
	23. PART Enter the diseases, or complications that shock, or heart failure. List only one cau IMMEDIATE CAUSE (Final disease or condition	caused tha	ina.	not antar	tha mo	da of dying, suc	h as cardiad	or respirat	ory arrest,	Approximata Interval Batween Onset and Death
	resulting in death) a	OR AS A CONS		F):						18-DA45
DICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	OR AS A CONS								
I C	PART II. Other significant conditions contributing to	daath but no	t resulting	in tha und	dariying	cause givan in	Part I. 24	a. WAS AN AU		D. WERE AUTOPSY FINDINGS
음	CLOSTRIDIUM DIFF						1	PERFORME	4	AMAILABLE PRIDE TO COMPLETION DF CAUSE OF OEATH?
PHYSICIAN: ME	PERIPHERAL VASCULA						_			1 TES 2 NO
IAN	DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL	TO CAL	USE OF	DEAT		ACE OF DEATH (Ch		-		
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inputiant 2	ER/Outpetlant	3 🗆 DOA	OTHER 4 - Nurs	:	e 5 🗆 Residenca		pecify)		
ву РНУ	27. MANNER OF DEATH Natural 5 Pending		28b. TIM INJ		28c. INJ WO				IRY OCCURED	
- 11	3 Suicide 28e. PLACE O	F INJURY — At etc. (Specify)	home, term,	atreet, tacto	ery, offic		28f. LOCATIO	ON (Street and lown, State)	Number or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of 2 MEDICAL EXAMINER: On the basis of examiner.									a) and manner ee stated.
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER P. Calendy, M.D.	,				D 36	MBER 552	21	DATE SIGNE	(Month, Day, Year)
٦	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE P. TALWAR, SOWE	DMON	USTO	N	DR	Elini.	LVIL	LE 1	NO.20	852
	31. DATE FILEO (Month, Day, Year) SFP 2 1 1994 Julia	Signature d'auction	Rendal	3						

hours after death. Page 6 may be retained by the hospital or after uning after day BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-55 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funeral be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within tours after death. Page 5 may be retained by the hospital or attending physician	ge 6 may be retained by the hospital or attending physiciar
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	irector, page 5 should be detached for use as the burial-tra
IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	r must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1
13	1.
	4
	9
CTOR	F
DIRE	11
TO BE COMPLETED BY FUNERAL DIRECTOR	10
FUNE	11 1 3
ВУ	3
ETEC	-
OMPI	17
BE C	
٩	"

1. DECEDENT'S NAME (First, Middle, Last)			MENT OF H		MENTAL HYGIEN REG. NO		
400 1990	0-1.07	II	300		2. DATE OF DEATH	N 10 4	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 154-28-0010	1 😡 M 2 🗆 F 5	5 YRS.	IF UNDER 1 YEAR NONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 22,	1938	IRTHPLACE (State or Foreign ountry) Pennsylvani
Sa. FACILITY NAME (If not institution, give Anne Arundel I RESIDENCE OF DECEDENT			Annap	olis	АТН	Poc. COUNTY	Arundel
10e. STATE 10b. COUNT	en Anne's		TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 25 NO
351 Queen Anne	e Road	(0)	101.	21666		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYPES IF YES, GIVE WAR OR DAY OF THE VIETNAM	2 NO	If yes, spe	ENDENT OF HISPAN Icity Cuben, Mexice 2 NO Specify	IIC ORIGIN? (Specify Yes n, Puerto Ricen, atc.)		RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2	CATION	16a. DECEDENT'S U	rk done during mo: retired.)	st of working	Westir	100	
17. FATHER'S NAME (First, Middle, Last) Carlton Frank 19a. INFORMANT'S NAME (Type/Print)	Clymer			18. MOTHER'S NA Ruth	ME (First, Middle, Meiden Isabelle Noute Number, City or Tow	Cyphe	
Mrs. Helen M. 20e. METHOD OF DISPOSITION 1 Burlel 2000 (Formation 3 Ren 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE U	noval from State 20b.	351 Q PLACE AND DATE OF etery, crematory or othe Metro Cr	e pisposition (Na er piace) Cemator 22. NAME AN Tom	Aug DADDRESS OF FA	11,1994 Dein Fund	Balti Balti eral H	more, Md. Iomes, P.A. er, Md. 21619
iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Meths the course on each of the course of	nch line.	AVCINO N			*	Approximate interval Batween Onset and Death S MOS.
PART II. Other algnificant condition PART III. Other algnificant condition		ut not resulting in	the underlying	ceuse given in	Part I. 24e, WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	HOSPITAL:		26. PL	ACE OF DEATH (Ch	ack only one)		
EXAMINER?							
EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Outp. 28a. DATE OF INJURY (Month, Day, Year)		OF 28c. INJI		6 Other (Specify) 26d. DESCRIBE HOW I	NJURY OCCURE	D
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27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only	28a. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY	28b. TIME INJUI	OF 28c. INJI WO M 1 V reet, fectory, office	JRY AT RK? ES 2 NO	26d. DESCRIBE HOW I 26f. LOCATION (Street City or Town, State) to the cause(e) and mail	end Number or R	ural Route Number,
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STATE	0F	MARYLAND	/ DEPARTMI	ENT OF	HEALTH	AND	MENTAL	HYGIENE
			CERTIFICA	TE C	F DEA	ГН		REG. NO.

DOTOTHY Louise Coppage Aug. 11, 1994 3:00 Au		REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE C	F DEATH	2. DATE OF	REG. NO.	3. TIME OF DEAT					
SOONA SECURITY NUMBER S. SEC S. AGE Prise and showly S. MARCH Prise and showly S. MARCH Prise and showly S. MARCH Prise and showly C. Ct. 7, 1913 S. BERTHER, Clink or 2 (Social) C. Ct. 7		Dorothy Louise	Coppa	ae			MONTH	DAY	YEAR					
THE DOLLARS OF THE STATE OF THE		4. SOCIAL SECURITY NUMBER					7. DATE OF I	BIRTH	B. BIRTHPLACE (State or Fo					
The Polity Name of the standard of the property of the control of the property of t				80 yrs.	MONTHS DAY	B HOURS MIN.	Oct.	7,1913	Maryland					
THE BEDIENCE OF DECEDIONY Maryland Queen Anne's Church Hill 10. STREET AND NOWBERT 10. STREET AND NOWBERT 11. WAS DECEDORET YOUR WILL APPROPRIATE 12. WAS DECEDORET YOUR WILL APPROPRIATE 12. WAS DECEDORED TO PROPRIATE 13. WAS DECEDORED TO PROPRIATE 14. MARTINI, STRIVE 15. WAS DECEDORED TO PROPRIATE 16. WAS DECEDORED TO PROPRIATE 16. WAS DECEDORED TO PROPRIATE 16. WAS DECEDORED TO PROPRIATE 17. STRIPTS MARKE First, Models, Last 1 WAS DECEDORED TO PROPRIATE 18. MARTINI, STRIVE 19. WAS DECEDORED TO PROPRIATE 19. WAS DECED								9c. COUNT						
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Control Delivery 21623 U.S.A.		Maryland Que	en Anne	s	Churc	h HIll			1 YES 2					
New Married December Parts December	6	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?					
New Name Name (Processor) Processor	Ä	General Delive	ry			216	23		U.S.A.					
The companies of the control of th	FU		FORCES? 1	YES 2 NO	13. WAS	DECENDENT OF HISP , specify Cuben, Mexi	ANIC ORIGIN? (S can, Puerto Rica	pecify Yes or No 1 n, etc.)	4. RACE — American India Black, White, atc.					
Sequentially list conditions, and and interest and inte	B		IF YES, GIVE W	WAR OR DATES	1 🗆	YES 2 X XIO Spec	elfy:		Specify: White					
TOTAL HOGSON Burchard THE MALING ADDRESS (Stower and Number or Pauri Resultings, Captur from, State) THE MALING ADDRESS (Stower and Number or Pauri Resultings, Captur from, State) MYS. Barrett Smith 319 Main Street, Church Hill, Md. 21 20. METROO OF DISPOSITION TOTAL 20. METROO OF DISPOSITION Alig. 1917 Alig. 1917 Alig. 1917 Alig. 1917 Alig. 1917 Alig. 1917 Tom Helfenbein Funeral Homes, P. 555 Main St., Church Hill, Md. 21 22. MARK ADDRESS or FACILITY Tom Helfenbein Funeral Homes, P. 555 Main St., Church Hill, Md. 21 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval disease or condition The main and the mode of dying, such as cardiac or respiratory arrest, interval disease or condition The medical or the mode of dying, such as cardiac or respiratory arrest, interval disease or condition The medical or the mode of dying, such as cardiac or respiratory arrest, interval disease or condition The medical or the mode of dying, such as cardiac or respiratory arrest, interval disease or condition The medical or the mode of dying, such as cardiac or respiratory arrest, interval disease or condition The medical or the mode of dying, such as cardiac or respiratory arrest, interval disease or condition The medical or the mode of dying, such as cardiac or respiratory arrest, interval disease or condition The medical or the mode of dying, such as cardiac or respiratory arrest, interval disease or condition The medical or the mode of dying, such as cardiac or respiratory arrest, interval disease or condition The medical or the mode of dying, such as cardiac or respiratory arrest, interval the mode of dying, such as cardiac or respiratory arrest, interval the mode of dying, such as cardiac or respiratory arrest, interval the mode of dying, such as cardiac or respiratory arrest, interval the mode of dying, such as cardiac or respiratory arrest, interval the mode of dying, such as cardiac or respirato	ED						16b. KIN	ID OF BUSINESS/INDU						
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The Informant's NAME (Type/Print) The MALING Address (Stored and Number or Russ Placie Number (City or Town. Stein, 12 Code) Mrs. Barret Smith 319 Main Street, Church Hill, Md. 21 200 PLACEANDATE OF DISPOSITION 100 Place 100 P	_		urahard											
Mrs. Barrett Smith 319 Main Street, Church Hill, Md. 21 20s. METROD OF DISPOSITION (A) DEPTICAL TO STREET SMITH 319 Main Street, Church Hill, Md. 21 20s. METROD OF DISPOSITION (A) DEPTICAL TO STREET SMITH 20s. METROD OF DISPOSITION AND ATE 1994	0		urcharu	10h MAH IM	C ADDRESS (Sta									
20. SECRICO OF OSSPOSITION Comparison C	2	- 000000 1111-0-1111-0101	Smith											
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY TOM Helifenbein Funeral Homes, P. 555 Main St., Church Hill, Md. 21 23. PART I. Enter the diseases, or compiléstions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, intervited shocks, or heart failure. List only one cause on aech line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 2. DUE TO (OR AS A CONSEQUEN		20a. METNOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION	I (Name of	OATE	20c. LOCATION — CI	ity or Town, State					
21. SIGNATURE OF FINERIAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY TOM Helfenbein Funeral Homes, P.			oval from State	Church	other plece) Hill	Cemeter	g.113,	Church	הא ווים					
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel diseases or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resoluting in death) DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE O		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
23. PART I. Enter the diseases, or compilestions that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart failure. List only one cause on asch line. IMMEDIATE CAUSE (Finel diseases or condition resulting in death) PART II. Other alignificant conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS	2.5													
PART II. Other algnificent conditions contributing to death but not resulting in the undarlying ceuse given in Part I. CECCE DOWN OF SULLAND OF BEATH? CECCE DOWN OF SULLAND OF BEATH? CECCE DOWN OF SULLAND OF BEATH? 1 YES 2 MAN AN AUTOPSY PERFORMED? 1 YES 2 MAN CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Recidence 6 Other (Specify) 27. MANNER, OF DEATH 1 Netural 5 Pending Investigation 3 DOA 4 Nursing Home 5 Recidence 6 Other (Specify) 28b. TIME OF INJURY AT WORK? MONEY MON	RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
Cerce brown a scule of sease Performer 1 Yes 2 Mo Milester Price 1 Yes 2 Mo OF DEATH 1 Yes 2			d											
25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2		1	0 1		in the undar	ying ceuse given i		PERFORMED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO OF DEATH? 1 YES 2 1					
M 1 YES 2 NO Secretarial	4.0	or was sade necessary to menous												
M 1 YES 2 NO West of the course of the co	200	EXAMINER?		ED/Ordnetlant 2 7 Dos	отнея:									
M 1 YES 2 NO 2 Accident 3 Sulcide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 29e. SIGNATURE AND TITLE OF CERTIFIER 29e. DATE SIGNEO (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 29d. DATE SIGN	HX		28e. OATE OF	INJURY 28b. TII	ME OF 28c	INJURY AT			JRED					
3 Sulcide 4 Homicide 8 Could not be determined 286. PLACE OF INJURY — At home, farm, street, factory, office 296. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basele of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNEO (Month, Day, Year) 297. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 299. DATE SIGNEO (Month, Day, Year)			(Month, D	eay, rear) IN										
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 8-16-94		3 Suicide 8 Could not be	281. LOCATIO	ON (Street end Number own, State)	or Rural Route Number,									
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 297. LICENSE NUMBER 298. DATE SIGNEO (Month, Day, Year) 8-16-94		29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated.												
	MPLET		R: On the basis of e	296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNED (Month, Dep										
W. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Nps. Print)	ш	one) 2 MEDICAL EXAMINE				29c. LICENSE N		29d. DATE	SIGNEO (Month, Day, Year)					
	O BE	2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	*>			29c. LICENSE N		29d. DATE	SIGNEO (Month, Day, Year)					
4116 1 6 1994 Julie Sinday 1 100	TO BE	2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WA 31. DATE FILED (Month, Day, Year)	IO COMPLETEO CAUS			29c. LICENSE N		29d. DATE	SIGNEO (Month, Day, Year)					

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR1	MEN1	OF H	EALTH	AND	MENTA	L HYGIEN			
i	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
	Myrtle Ma	azie	Chittenden							ust 30		YEAR 4	10:19 pm M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDER		IF UNDER		7. DATE	OF BIRTH		, BIRTH	PLACE (State or Foreign
	453-40-3575	1 ☐ M 2XXF	88	YRS.	MONTHS	DAYS	HOURE	MIN.	Dec	th, Day, Year)	1905	AI	abama
_	9a. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY	TOWN O	R LOCATI	ON OF D	EATH		9c. COUNT	Y OF DE	ATH
5	17415 White	Ground R	oad				Во	yds			Me	ontg	omery
ונ	10e. STATE 10b. COUNTY			10c. CITY	TOWN C	R LOCAT	ION						10d. INSIDE CITY
DIRECTOR	Maryland Montg	omery		Boy	yds							1	LIMITS?
7	10e. STREET AND NUMBER					10f.	ZIP COD	E			10g. CITIZI	EN OF W	HAT COUNTRY?
LONEDAL	17415 White Grou	nd Road				2	0841				Unit	ed	States
5	11, MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1 [EVER IN U.S. AT	RMED NO						N? (Specify Yes Rican, atc.)	or No-	4. RACE Black	— American Indian, White, etc.
	3 Widowed 4 Divorced	IF YES, OIVE WA					2 × NO					Specif	y:
	15. DECEDENT'S EDUC	ATION	16a, Di	ECEDENT'S L	JSUAL O	CCUPATIO	N		16/	. KIND OF BUS	INESS/INDI	Whi	te
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(C	ive kind of w	ork done o	during mo:	st of working	ng					partment
<u> </u>		2		atist:	ical	Cle	rk			of Agri	cultu	re	
COMPLE	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First,	Middle, Maiden	Sumame)		
	James McLamore B.	lackmon					Ora	Fai	mer				
5	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number	or Aural	Route Nun	ber, City or Tow	n, State, Zip C	Code)	
-	Anjele Collette			2501 \	/ill	a Ma	ria,	Bry	an,	Texas	7780	2	
- 1	20a, METHOD OF DISPOSITION 1/2/Burlel 2 Cremation 3 Remov	val from State		AND DATE O					DAT		CATION — CI		
- 1	4 Donation 5 Other (Specify)	MODE	Mount	t Calv	-		_		3/3/9		an, T		
	TOWERAL SERVICE LICE	7 //			Ro	ber	ADDRE A.	Pum	ghire	y Fune	ral H	ome/	nery Avenue
4	News /	Sug lot	N N	100335	Re	ockv.	ille	, Ma	ryla	nd 208	50		icly Avenue
	23. PART I. Enter the diseases, or conshock, or heart fallure.	int only one caus	ceused the de	eath. Do no	ot enter	the mod	de of dy	ng, suc	h ee car	dlac or raspi	ratory erre	et,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel			- 1								Onset and Death	
	resulting in death)	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a											
		DUE TO (OR AS A CONSE	QUENCE OF	-1			1	1				
5	Sequentielly list conditions, b.	DUE TO (OR AS A CONSE	DIENCE OF	ar	1	my	are	un				
	If any, leeding to immediate cause. Entar UNDERLYING		7	OULIVOL OF									
NO INCIDIO	CAUSE (Disease or Injury that initiated evente	DUE TO (OR AS A CONSE	OUENCE OF)	:								
	resulting in death) LAST												
	PART II. Other eignificent conditions	contributing to a	leath but not	no evilal no de	Abanan	al a silvata a		-t	Direct.			1	
Ś	San de conditions	1 Co 0	leetii but iiot i	- A	I the un	deriying	ceuse	jiven in	Pert I.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	yuamou		ane	1	7/	ne			_	1 - YES 2	NO		CDMPLETION OF CAUSE DF DEATH?
	DID TOPACCO LISE CONTR	IDLITE TO CAL	ICT OF DEA	TU VE		10 [7]	11016	EDTAH					1 TYES 2 NO
	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL	IBUIE IO CAU		CE OF DEATH			UNC	ERTAII				1	
		HOSPITAL:			OTHER	1:	1/2	1.550					
	27. MANNER OF DEATH	28a. DATE OF I	NJURY	28b. TIME	OF	26c, INJI	JRY AT	aldenca		SCRIBE HOW II	NJURY OCCU	RED	
	1 Natural 5 Pending	(Month, Day	(, Year)	INJU	RY M	1 Y	RK? ES 2	NO					
	2 Accident investigation 3 Suicide 6 Could not be	INJURY — At he	ome, ferm, st	reet, facto	ory, office			28f. LOC	ATION (Street a	nd Number o	r Aurai Ad	oute Number,	
	4 Homicide datarmined	Ic. (Specify)						City	or Town, State)				
	29e. CERTIFIER 1 CERTIFYING PHYSIC	ny knowledge, da	ath occurred	at the II	me, date	and place.	and due	lo lhe ca	use(a) end men	ner as states			
See CERTIFUE 1 CERTIFU									end manner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER		A				29c. LICE						(Month, Day, Year)
	Robert 1	100	W CW	2			2 5	13		,	► \Q /	31	194
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type, I	Print)		/				0	-/	/ 1/
	Robert L. Gold M.D	. 15225	Shady G	Frove	Road	1 #2	01 R	ockv	ille	, Mary	land	2085	0-2018
19	31. DATE FILED (Month, Day, Year)		'C CICNATURE					_					
ı II	SEP 1 4 1994	32. REGISTRAR	SIGNATURE	1 00									

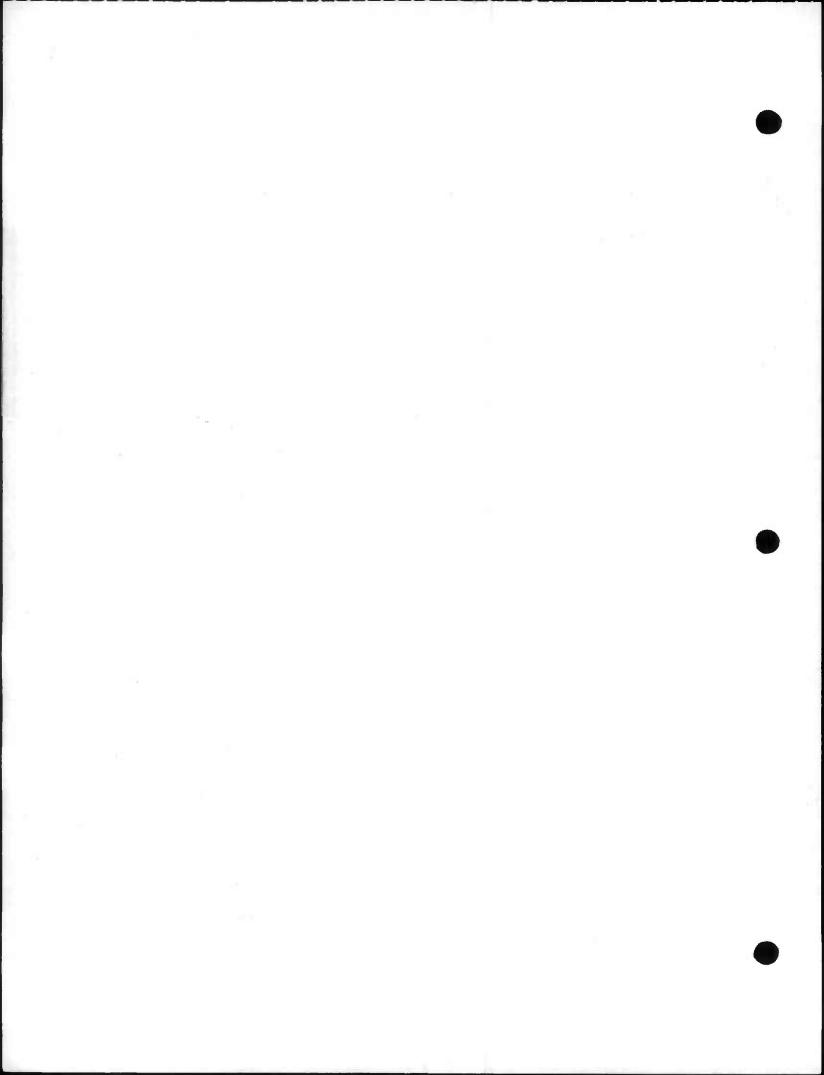


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DIVISIO	ATTENDED
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	TO THE HOSPITAL DA RITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit perm		1CG.
	retained by the	5 should be de		otified at or
	age 6 may be	director, page		er must be n
	rs after death. P	by the funeral	removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	d within 24 hour	mpletely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event, the me
	cate be executed	hysician and co	prior to burial	er traumatic
	he death certific	the attending p	Mental Hygiene	njury, or othe
	requires that t	been signed by	. of Health and	shows any i
	SICIAN: The law	certificate has	the State Dept	I, or item 23
	<i>ITENDING PHY</i>	TOR: After this	after death with	28 is marked
	OSPITAL DR AT	JINERAL DIREC	ithin 72 hours	NT: If Item ?
	TO THE H	TO THE FL	be filed wi	IMPORT/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DE	PARTMEN FIFICAT	T OF H	EALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, La	st)					2. DATE OF DEATH			3. TIME OF DEATH	
- 1	Martin Wirt	tz Christo	pher				Sept. 1		994		Ам
	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. lest birth	**	R t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		e. BIRTH	PLACE (State or Foreign	
- 8	332-16-9774	1 M 2 F	72 Y	RS. MONTHS	DAYS	HOURS MIN.	(Month, Day, Year) Nov. 25, 192	21 1	Country La Sa	, 11e,I11.	
- 3	Se. FACILITY NAME (If not institution, gir	ve street and number)		9b. CIT	Y, TOWN O	R LOCATION OF D		9c. COUN			
OB	Carriage Hill No	ursing Home		Bet	hesd	a		Mont	tgom	erv	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COU		40-	CITY, TOWN							
Ë	E Hoose and a second			,		ON				10d. INSIDE CITY LIMITS?	
	Maryland Mont	tgomery		ethesc		ZIP CODE		10000		1 X YES 2 NO	0
FUNERAL		n 1						,		NAT COUNTRY?	
ij J	9601 Old Georget	12. WAS DECEDENT EVE	D IN II C ADMED	122		20814			S.A.		
	Never Married 2 ☐ Merried	FORCES? 1 Y	ES 2 NO		If yes, spe	cify Cuben, Mexico	NIC ORIGIN? (Specify Yes	or No—	Black,	- American Indian, White, atc.	
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR O	H DATES		1 U YES	2 X NO Specif	y:		Specify	White	
	15. DECEDENT'S E (Specify only highest gr		16a. DECEDE	NT'S USUAL C	CCUPATIO	N	16b. KINO OF BUS	SINESS/INDU	JSTRY		
u l	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do N	d of work done OT use retired.)	aunng mos	t of working					
COMPL		4	Catho	lic Cl	ergy		Roman Ca	tho1	ic Cl	hurch	
5	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)			
BE	Michael J.Christ	copher					ine Wirtz				
0	19e. INFORMANT'S NAME (Type/Print)						Route Number, City or Tow		Code)		
	Msgr.R.Joseph Do	oley	P.	O.Box	2962	0 Washir	ngton,DC 20	0017			
- 1	20a. METHOD OF DISPOSITION 1X Burial 2 Cremetion 3 R	emoval from State	20b. PLACE AND D			ne of		CATION — C			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF EUNERAL SERVICE			Heave	en Cer	Cemetery 9/15/94 Silver Spring, Md.					
,	TI. BIUMATURE OF JUNERAL SERVICE	LICENSEE	10	22.	NAME AND	ADDRESS OF FA	ошту Vol Funeral	Home			
	John	Nella	P	22	222 W	isc.Ave.	.N.W. Wash	ingto	on . Do	C 20007	
	23. PART I. Enter the diseases, or heart failur	or complications that care. List only one cause of	sed the death.	Do not enter	r the mod	e of dying, suc	h aa cardiac or reapi	ratory erre	at,	Approximate	
Î	IMMEDIATE CAUSE (Final	e. List only one cause of	n euch line.							Onset and D	
	disease or condition resulting in death)	aCEREBRAL	THROMBO	SIS LE	EFT H	EMISPHER	RE			36 hrs	5.
		DUE TO (OR A	S A CONSEQUENC	CE OF):							
5	Sequentially list conditions,	- ARTERIOS			BRO-V	ASCULAR	DISEASE			l yea	ar
١	If any, leading to immediate cause. Enter UNDERLYING	DOE 10 (OR A	IS A CONSEQUENC	Œ OF):							
7	CAUSE (Disease or injury that initiated events	C. DUE TO (OR A	AS A CONSEQUENC	E OFI:						-	
HIFICATION	reaulting in deeth) LAST									j	
2		d								<u> </u>	
4	PART II. Other aignificant conditions			ing in the u	nderlying	ceuse given in	Part i. 24a. WAS AN PERFOR			WERE AUTOPSY FINDS AVAILABLE PRIOR TO	
3 I	NON INSULIN I	DEPENDENT DIA	ABETES				1 🗆 YES 2		1 1	COMPLETION OF CAUS OF DEATH?	
Ĕ	TRANSITIONAL	CELL CARCING	DMA URIN	ARY BL	ADDE	R				1 YES 2 NO	- 1
PHISICIAN: MEDIC											
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		CE OF OEATH (Ch	eck only one)				\neg
2	1 YES 2 NO 27. MANNER OF GEATH	1 Inpetient 2 ER/C		DA 4 X Nu	rsing Home		8 Other (Specify)				
	1 X Natural 5 Pending	26e. DATE OF INJUI (Month, Day, Yea	er) 26b.	TIME OF INJURY	28c. INJU WOR	K?	26d. OEŞCRIBE HOW II	NJURY OCCI	JRED		
	2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide determined 2 Accident Investigation Invest									-	
3									or Runal Ro	oute Number,	
	29e. CERTIFIER										-
(Check only Check only Chec											
3			ation end/or investi	gation, in my	opinion, de	ith occured at the	time, date end place, en	d due to the	cense(e)	and menner as state	ed.
	296 SIGNATURE AND TITLE OF CERTIF	TIER /	2 4 1	6	H.	29c. LICENSE NUN				Month, Day, Year)	
2	30. NAME/ANO AGORESS OF PERSON	ne ///	SAM	NIX	NU	DO-1948)	▶ 2EI	1 14	2,1994	
	//		11/1			D .					
	J. BLAINE FITZO 31. OATE FILEO (Month, Day, Year)		MISC WISC	onsin	Aven	ue,Bethe	sda,Maryla	ind 20	1814		
	SEP 1 6 1994	32. REDISTRAR'S S	Mandelle.								ł
	- 1001	()	- Andrews								



ours after death. Page 6 may be retained by the hospital or attending physician BALTIMORE, MARYLAND 21215-0020 requires that the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760

burial-transit for use as the funeral director, page 5 should be detached once. Ħ notified must be medical examiner attending physician and completely filled in by the 6 the cremation, event, prior to burial, traumatic / the attending pryor other n signed by the Health and I shows any has been s Dept. of H 23

DIRECTOR

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CERTIFICATION

MEDICAL

PHYSICIAN:

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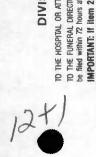
1 - FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) auro 4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F 385 64 4229 9a. FACILITY NAME (If not institution, give street and number, 815 Thayer Avenue Maryland Montgomery 10e. STREET AND NUMBER 11. MARITAL STATUS 1 Never Married 2 Married

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

2. DATE OF DEATH 3. TIME OF DEATH YEAR opeland 11,18 D be na 200 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Yea a. BIRTHPLACE (State or Foreign MONTHS DAYS 34 17, 1960 Jan. Michigan 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Silver Spring Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 T NO Silver Spring 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 815 Thayer Avenue #1120 20910 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, atc. IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: 3 Widowed 4 Divorced 1987-1991 White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Nursing Technician United States Military 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John G. Dodge LaDonna J. Sloan 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 87123 John G. Dodge 1636 Speakman Drive, Albuquerque, New, Mexico 20a. METHOD OF DISPOSITION
1 Durlet 2 Commention 3 Removel from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 9/11/94 20c. LOCATION - City or Town, State DATE Montgomery Crematorium. Bethesda. 21/SIDNATURE OF FUNERAL SERVICE LICENSEE P. MAME AND ADDRESS OF FACULTY Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc., 7557 Wisconsin Avenue Bethesda, Maryland 20814-3501 0 M00846 DI 23. PART I. Enter the diseases, or complication that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert fellure. List only one ceuse on each line. Approximata interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition Shot UN resulting in death) DUE TO (DR AS A CONSEDUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE DE) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA me 5 Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE DF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 TYES 2 NO SEPT. 8, 1994 UNK 2 Accident SELF INFLICTED 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide HOME- BATHROOM SAME AS #10 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b, SIGNATURE AND-TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) a 9 01 OA to 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year)
CFP 1 9 1994 8218 WISCONSIN SUA

SIGNATURE SIGNATURE

relia Davidson



OR ATTENDING PHYSICIAN: The law

this certificate h tem

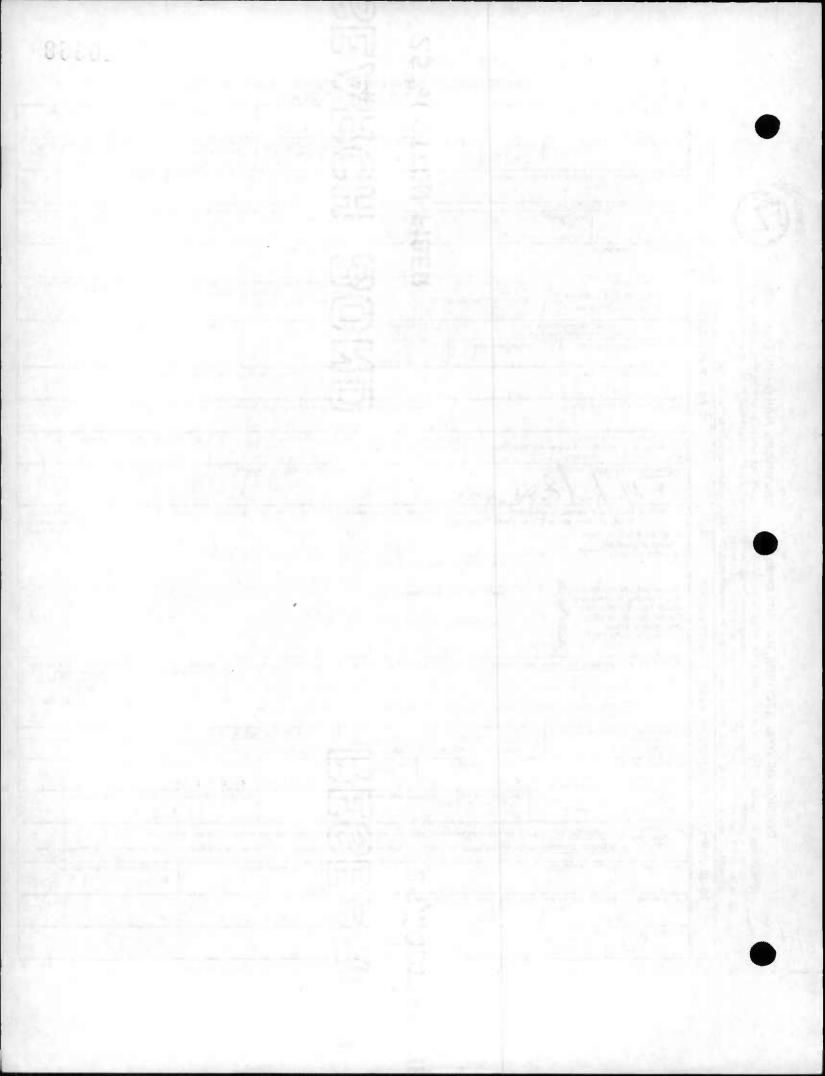
DIRECTOR: After the hours after death v

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marked,

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BALTIMORE, MARYLAND 21215-0020	or attending ph
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ALT	death. f
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	SHOURS
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transif be filed within 72 hours after death with the State Dept, of Heatth and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR
	STATE
	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

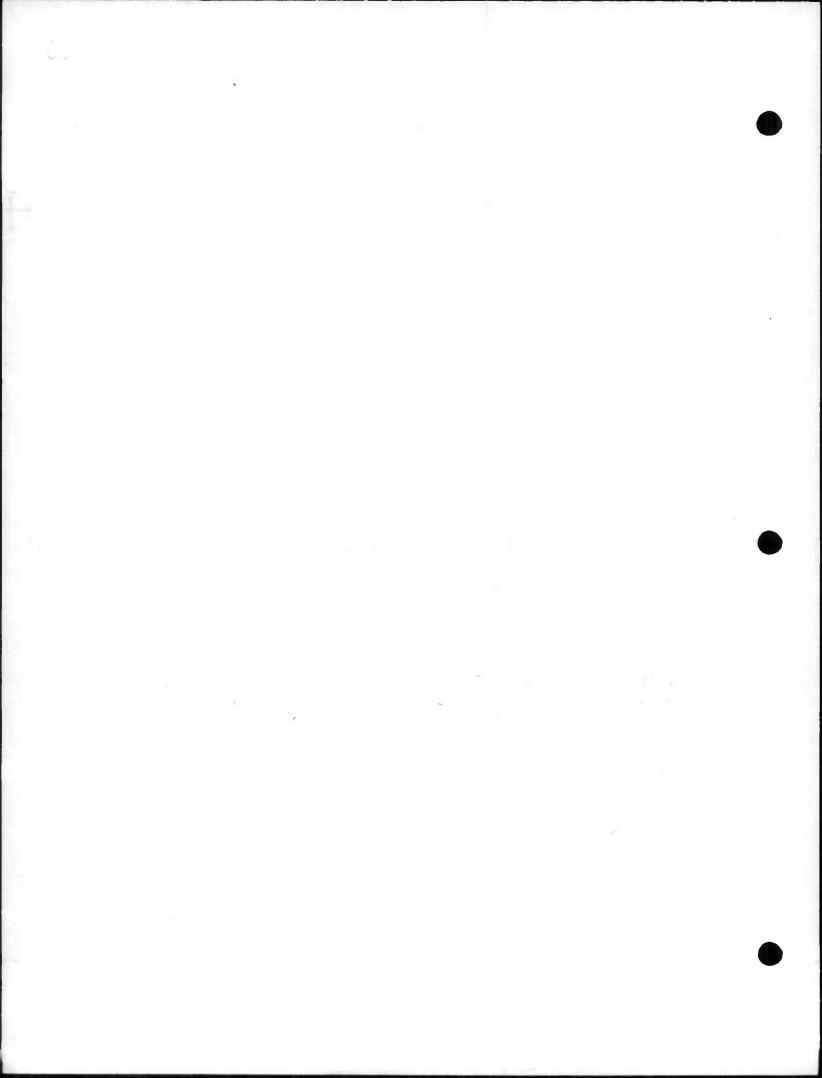
REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, I	i.ast)			2. DATE OF DEATH		3. TIME OF OEATH
Gary	Howard	Clift		September	· I Septin	
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign
216-40-9778	1 🔀 M 2 🗌 F	52 YRS. MO	NTHS DAYS HOURS MIN.	(Month, Day, Year) Feb. 19,19		shington, DC
9e. FACILITY NAME (If not institution,	give street and number)	96	b. CITY, TOWN OR LOCATION OF DE	HTA	9c. COUNTY OF	DEATH
Anne Arundel G	eneral Hospit	al	Annapolis		Anne A	rundel
10e. STATE 10b. CO	UNTY	10c. CITY, To	OWN OR LOCATION			10d. INSIDE CITY
Maryland	Montgomery		Germantown			LIMITS?
10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF	F WHAT COUNTRY?
_13608 Hartsbou			20874		United	States
11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVE FORCES? 1 🔯 YI		13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica	HIC ORIGIN? (Specify Yee	or No- 14. RA	CE - American Indian, ack, White, etc.
3 Widowed 4XXDivorced	IF YES, GIVE WAR OF Vietnam	ROATES	1 YES 2XXNO Specifi			ecity: White
15. DECEDENT'S	EDUCATION	16e. DECEDENT'S USI	UAL OCCUPATION	16b. KIND OF BUS	INFSS/INDUSTRY	
(Specify only highest Elementary/Secondary (0-12)	grade completed) College (1-4 or 5+)		done during most of working			
Lientenary/Secondary (U-12)	3	Technici	an-Writer	Compi	uters	
17. FATHER'S NAME (First, Middle, Las		1 recuired		ME (First, Middle, Maiden S		
Richard				rine Howard		
19e. INFORMANT'S NAME (Type/Print)	CIIIC	19h MAILING AD	DRESS (Street and Number or Rural I			
Jill E. Tracy		11 11 11 11 11 11	ss Street, Bow			20
20e. METHOO OF DISPOSITION	em., re. 1	20b. PLACE AND DATE OF D	DISPOSITION (Name of 0 /0 /0		CATION — City or	Town, State
1 ☐ Buriel ZXXCremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify)		semetery, cramatory or other	Crematorium, I	,	hesda. N	Maryland
21. SIGNATURE OF FUNERAL SERVICE		MONE GOMELY	22. NAME AND ADDRESS OF FA	GLITY Robert	A. Pumpl	rev Funeral
Micheles	Q. Kills	M0034	Home/Rockvil	le, Inc., 3	300 W. N	Montgomery
23. PART I. Enter the disesses,	or complications that cau	sed tha death. Do not	P Ave., Rockvil enter the mode of dying, suc	h as cardiac or reapir	atory arrest.	Approximate
shock, or heart fail	ura. List only one cause or	esch line.			,,	interval Batween
iMMEDIATE CAUSE (Fins) disease or condition	7 custo Marc	anadini Tad	Faranti au			Onset and Death
reaulting in death)	s. Acute Myc	S A CONSEQUENCE OF:	Larction			minutes
	,		. 1			
Sequentisity list conditions,		SIGNOTIC Cal	rdiovascular Di	sease		years
if any, leading to immediate cause. Enter UNDERLYING		o A GottoEdoEitoE or j.				
CAUSE (Disesse or injury that initisted events	C. OUE TO (OR A	S A CONSEQUENCE OF):				
resulting in death) LAST	,,,,,,					į
	d					
PART ii. Other significant cond	itiona contributing to desti	but not resulting in t	he underlying cause given in	Part I. 24s. WAS AN A		4b. WERE AUTOPSY FINDINGS
				1 TES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					7.	OF GEATH?
DID TOBACCO USE CO	NTRIBUTE TO CAUSE	OF DEATH YES	□ NO □ UNCERTAIN	<u> </u>	İ	. L. Lo I XXIII
25. WAS CASE REFERRED TO MEDICA		26. PLACE OF DEATH		4 A		
EXAMINER?	HOSPITAL:	0	THER:	4 C 00	 -	
27. MANNER OF DEATH	28e. DATE OF INJUR		□ Nursing Home 5 □ Residence F 28c, INJURY AT	6 ☐ Other (Specify) 28d. DESCRIBE HOW IN	LIURY OCCUPED	
1 X Natural 5 Pending	(Month, Day, Yea		WORK? M 1 YES 2 NO	TOU. SEVENIBE NOT IN	SUNT OCCURED	
2 Accident Investigat 3 Suicide 6 Could no	28e. PLACE OF INJU	IRY — At home, farm, stree		28f. LOCATION (Street ar	nd Number or Rum	I Route Number
4 Homicide determine	building, etc. (S	ipecify)		City or Town, State)		
29a. CERTIFIER 1 X CERTIFYING P	HYSICIAN: To the heat of any to	omledge death	t the time, date end place, and due			
			it the time, date and piece, and due in my opinion, death occured at the			of and manner on state of
296. SIGNATURE AND TITLE OF CERT	O 1 . I	. 1 0	29c. LICENSE NUM	MBER		ED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSOR	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Torse Driv	D19785		Septe	mber 5, 1994
Frauke Westpha	- /		Road, Rockvill	o Marrian	d 200E	1
31. DATE FILED (Month, Day, Year)	32 HEIDE THAR'S SI		Modu, ROCKVIII	e, maryian	d 2085	<u> </u>
SEP 1 0 1	1001	ila Bulano				



4	٧.	100	¥	
	BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physic	led in by the funeral director, page 5 should be detached for use as the burial-il, or removal.	medical examiner must be notitled at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 124 hours after death. Page 6 may be retained by the hospital or attending physical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial. be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR			CERTIF	CAIL	UF	DEAL	П	n	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATN			3. TIME OF DEATN
	FRANK JO	ATTAT		ZUB	FY				MONTH	DA		YEAR	1000
		HN							SEPTE		54	1994	1400 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1	_	IF UNDER		7. DATE OF E				IPLACE (State or Foreign
	329-16-3421	1 X M 2 🗆 F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De		021	Count	linois
			, ,						March	J, ⊥			
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN O	R LOCATIO	ON OF DE	ATH	- 1	9c. COU	NTY OF D	EATN
E	Shady Grove Adv	entist Ho	enita	1		Doo	kvi1	1.0			Mo	n+ aa	m 0.1411
Ĕ	RESIDENCE OF DECEDENT	CHCISC IIC	обраса.			KOC.	KVII	Te			MO	ntgo	mery
DIRECTOR	10a. STATE 10b. COUNTY	٧		10c CIT	Y. TOWN OR	R I OCATI	ION						10d. INSIDE CITY
<u>=</u>				100.011	1, 101111 011	LOCALI	ION						LIMITS?
0	Maryland Mor	ntgomery		G€	erman	town	l .						1 YES 2 X NO
ᆜ	10e. STREET AND NUMBER					10f.	ZIP CODE				10a CIT	IZEN OF Y	WHAT COUNTRY?
2	10010										iog. on	ILLIY OF T	THAT GOOTH THE
W	13242 Country R:	idge Driv	e				208	374			Un	ited	States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT			13. W	AS DECE	ENDENT O	F NISPANI	IC ORIGIN? (S	pecify Yaa	or No-	14. BACI	E — American Indian, k, White, atc.
	1 Never Married 2 X Married	FORCES? 1		NO					, Puarto Ricar	, etc.)		Blac	k, White, atc.
В	3 Wildowed 4 Divorced	IF YES, GIVE W		-	11	∐ YES	2 💢 NO	Specify:	:			Spec	*
			- 194	5								l	White
Ш	15. DECEDENT'S EDU (Specify only highest grade	CATION	18a.	DECEDENT'S	USUAL OCC	CUPATIO	N		16b. KiN	D OF BUS	INESS/ING	DUSTRY	
1	Elementary/Secondary (0-12)			(Give kind of the Do NOT us	se retired.)	unng mos	it of workin	g					
Ä	Elementary/secondary (0-12)	College (1-4 or 5+)	' [T 4	T A	1.3	4		B. 1	1	0		
M		2		Inter	nal A	lud1	tor		red	eral	GOV	ernm	ent
COMPLETED	17. FATNER'S NAME (First, Middle, Last)						18. MOTH	HER'S NAM	ME (First, Middl	e, Maiden S	Sumame)		
	Frank C	zubek							Marr	Anna	Con	oin-	lei
BE		LUDEK							Mary				VT
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS ((Street an	nd Number	or Rural R	loute Number, C	ity or Town	, State, Zip	Code)	
2	Joan E. Czubek		-	13242	Count	'rv	Rida	e Dr	ive C	erma	ntow	m. M	D. 20874
								C DI					
	20a. METNOD OF DISPOSITION 1 X Burlat 2 Cremation 3 Rem	oval from State		crematory or o		TION (Nan	me of		OATE	20c. LOC	CATION —	City or To	own, State
	4 Donation 5 Other (Specify)	Over nom otate	Arli	noton	Nati	ona1	Cen	neter	V 9/8	Ar1	inot	on.	Virginia
- 1	21. SIGNATURE OF FUNERAL SERVICE LIG	ENSEE	TALL TI	прест				SS OF FAC		111 1	11160	011,	VIIGINIA
-			0 1		22. N	AME AN	U ADDRES	35 OF PAU	De	Vo1	Fune	ral	Home
	► N.L. X	CAL	5 V V.	. 201	1,0	T D		D 1					
	23. PART I. Enter the diseeses, or o		-000	ons									, MD. 20877
										o		wat,	Approximata
N	iMMEDIATE CAUSE (Final disease or condition resulting in dasth)	a. DUE TO											intarval Between Onset and Death
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition	a. DUE TO (SEQUENCE OF	N (M)								intarval Between
	immediate cause (Final disease or condition resulting in dasth) Sequantially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in daeth) LAST	a. DUE TO (Tast OR AS A CON	SEQUENCE OF	N (M)	·SM	all (all	lun	g c	۸۵۸	nce	interval Between Onset and Death
SAL CERTIFICATION	immediate cause (Final disease or condition resulting in dasth) Sequantially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	a. DUE TO (b. OUE TO (c. DUE TO (d	Tast OR AS A CON	SEQUENCE OF	N (M)	·SM	all (all	lun		AUTOPSY	nce	interval Between Onset and Death 2 Mon 15
	immediate cause (Final disease or condition resulting in dasth) Sequantially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in daeth) LAST PART ii. Other significant conditions.	a. DUE TO (Tast OR AS A CON OR AS A CON deeth but no	SEQUENCE OF	N (M)	· SM 4	all (cell	Part I. 24s	y (AUTOPSY MED?	nce	interval Between Onset and Death 2 Mon 15 WERE AUTOPSY FINDINGS AWAILABLE PRIOR OF COMPLETION OF CAUSE
EDICAL	immediate cause (Final disease or condition resulting in dasth) Sequantially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in daeth) LAST PART ii. Other significant conditions.	a. DUE TO (Tast OR AS A CON OR AS A CON deeth but no	SEQUENCE OF	N (M)	· SM 4	all (cell	Part I. 24s	. WAS AN / PERFORI	AUTOPSY MED?	nce	interval Between Onset and Death 2 Mon 15
MEDICAL	immediate cause (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST PART II. Other significant conditions. Figure 1. The conditions of the conditions of the ceuter of the	a. DUE TO (OR AS A CON	SEQUENCE OF	F): F): In the und	derlying	cause s	cell givan in F	Part I. 24s	. WAS AN / PERFORI	AUTOPSY MED?	nce	interval Between Onset and Death 2 Mon 15 WERE AUTOPSY FINDINGS AWAILABLE PRIOR OF COMPLETION OF CAUSE
MEDICAL	immediate cause (Final disease or condition resulting in dasth) Sequantially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in daeth) LAST PART ii. Other significant conditions.	a. DUE TO (OR AS A CON	SEQUENCE OF	F): F): In the und	derlying	cause s	cell givan in F	Part I. 24s	. WAS AN / PERFORI	AUTOPSY MED?	nce	interval Between Onset and Death 2 Mon 15
MEDICAL	immediate cause (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in daeth) LAST PART II. Other significant condition Figure 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	a. DUE TO (OR AS A CON	SEQUENCE OF	F): F): In the und	derlying	cauae c	givan in F	Part I. 24s	. WAS AN / PERFORI	AUTOPSY MED?	nce	interval Between Onset and Death 2 Mon 15
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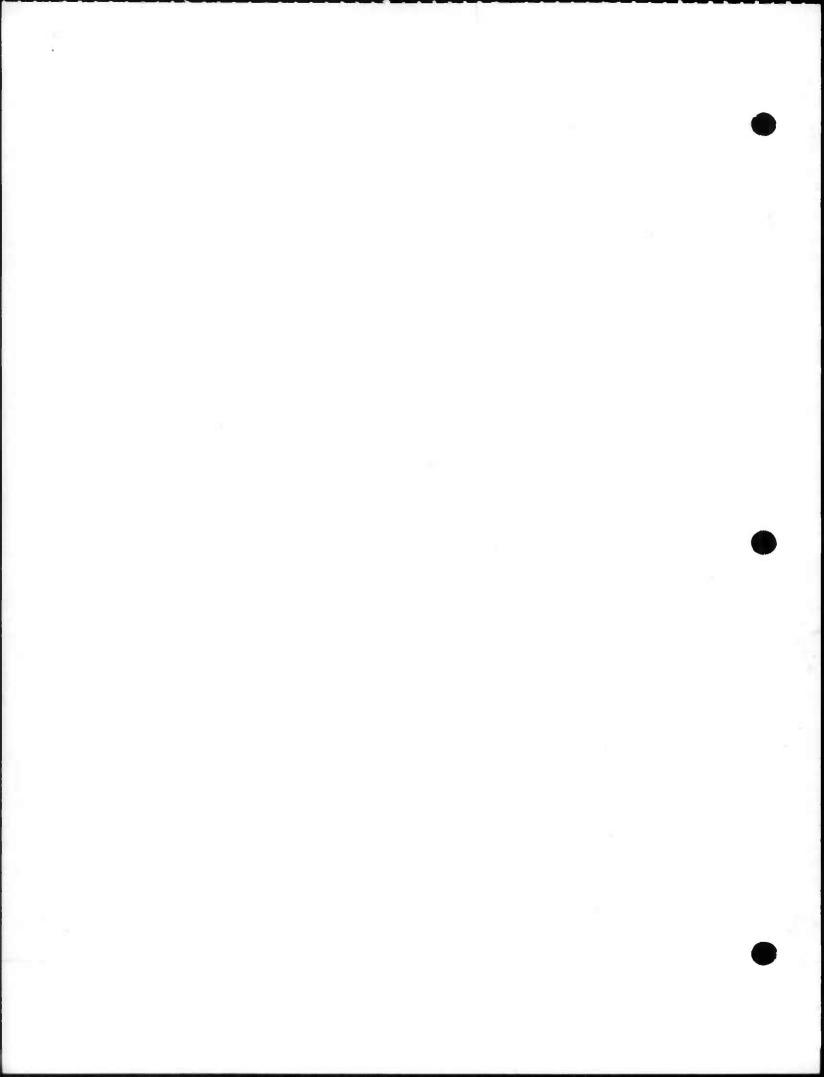


BALLIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit ral.	i examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

28661 94

1. DECEDENT'S NAME (First, Middle, Last)	Torris Dondolph Cloude Cr									
Lewis Randolph Clark, Sr.	Sept. 8	, 1994	11:30 рм							
	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign							
577-07-7809 1X M 2 D F 79 YRS. MONTHS DAYS HOURS MIN.	(Morth, Day, Year) March 6,19	15 Ma:	ryland							
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEAT		9c. COUNTY OF								
2002 Osborn Drive Silver Spring RESIDENCE OF DECEDENT 100. STATE 100. CITY, TOWN OR LOCATION Maryland Montgomery Silver Spring		Montgo	mery							
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION			10d, INSIDE CITY							
Maryland Montgomery Silver Spring			LIMITS?							
100. STREET AND NUMBER 101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?							
Toe. STREET AND NUMBER 2002 Osborn Drive 1. MARITAL STATUS 1. Never Married 1. Never Married 2. ▼ Married 1. Never Married 1. Never Married 1. Never Married 2. ▼ Married 1. Ves. 2. ▼ No. If yes, specify Cuben, Maxican, in the control of Hispannic Porces in the control of Hispannic Property Cuben, Maxican, International Property Cuben, Ma		U.S.A	•							
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC 1 Never Marriad 1 Never Marriad 1 Ves 2 N Nover Marriad 1 Ves specify Cuber, Maxican, 1	ORIGIN? (Specify Year	or No.— 14. RAC	CE — American Indian,							
1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Maxican, 1 YES 2 NO Specify:	Puarto Hican, atc.)	Spe	,							
	T		White							
(Specify only highest grade completed) (Give kind of work done during most of working	16b. KIND OF BUSI	NESS/INDUSTRY								
Elementary/Secondary (0-12) 12 College (1-4 or 5+) Salesman	Natural									
O 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME	Gas (First, Middle, Maiden Si	(manage)								
	t (r kat, miliana, mailian at		٠, ٦							
46. INFORMANTIO NAME (Tournie)	ute Number City or Town.	Milstea	au							
Elizabeth M. Clark 2002 Osborn Drive, Sil			land 20910							
20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of	DATE 28c. LOCA									
	12/94 Bur	tonsvil	le, Maryland							
21. SIGNATURE OF TUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACIL	LITY									
Robert E. Kansey FRANCIS J. COLL 500 UNIVERSITY	BLVD., W.	, SIL. S	, INC. SP., MD 2090							
 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such a shock, or heart failure. List only one cause on each line. 	as cardisc or reapire	atory arrest,	Approximate							
IMMEDIATE CAUSE (Final	0 0		Interval Between Onset and Death							
disease or condition resulting in death) . Metastatic Carcinoma &	of Pros	tato.	5.4RS							
DUE TO (OR AS A CONSEQUENCE OF):	_									
Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
If any, leading to immediate cause. Enter UNDERLYING										
CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
resulting in death) LAST										
d										
	art I. 24a. WAS AN AI PERFORM		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO							
	248. WAS AN AI PERFORM 1 □ YES 2 ᢤ	IED?								
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part Ulmonary Metastes is	PERFORM 1 ☐ YES 2 ∯	IED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part Ulmonary Metastes is	PERFORM 1 ☐ YES 2 ∯	IED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part Ulmonary Metastes is	PERFORM 1 YES 2	IED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part Ulmonary Metastes is	PERFORM 1 YES 2 4	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
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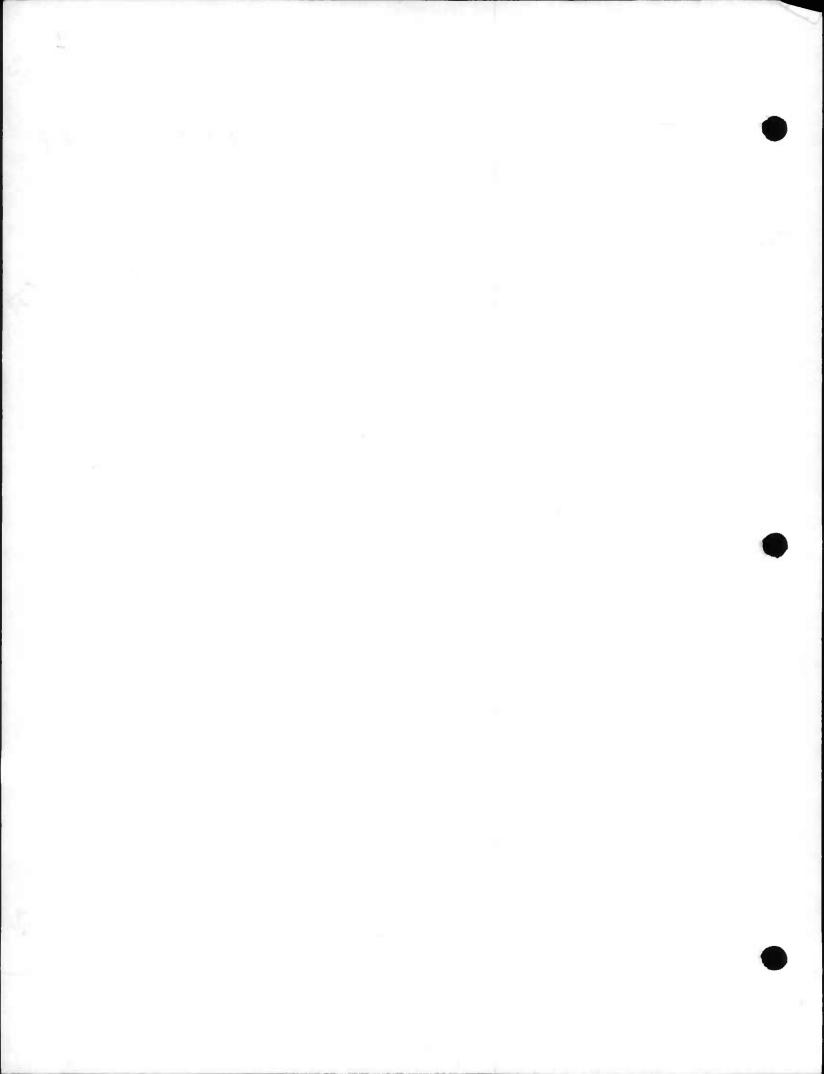
should be detached for use as the burial-transit per tained by the hospital or attending physician.

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	OR A	J.BE	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	E
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AN	D MENTAL HYGIEN
CERTIFICATE OF DEATH	REG. NO

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTING	MENT OF H	EALTH AND ME DEATH	NTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last	Cam	p.		2	DATE OF DEATH	3-9	3. TIME OF DEATH
į,	4. SOCIAL SECURITY NUMBER 577-03-1161 9a. FACILITY NAME (If not institution, give	1 M 2 F	75 YRS. MC	UNDER 1 YEAR HITHE DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, Year) 0-04-18		BIRTHPLACE (State or Foreign Country) New York
TOR	Manor Care Nursi		91	Wheat	On	н	9c. COUNTY Monte	gomery
DIRECTOR		ce George		own on locat arel	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	14800 4th Street				20707		USA	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, spe	ENDENT OF HISPANIC of the Cuban, Mexican, Page 19 NO Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify: White
LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de complèted) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mos stred.)	N st of working	16b. KIND OF BUS		TRY
COMPL	12 17. FATHER'S NAME (First, Middle, Last)		Salesma	an —	18. MOTHER'S NAME	Food Br		
BE C	Thomas Composto				Ida Pr		<i>surreme)</i>	
2	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural Rout			de)
	Gladys Camp 200. METHOD OF DISPOSITION		0b.PLACE AND DATE OF C		eet, Laure		0707	
	1 Buriel 2 Cremation 3 Reg	moval from State	emetery, crematory or other D.C. LOCCE	place)	1			or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE			Edwar	d Sagel Fu	neral Di	rection	
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO (OR AS	ad the dasth. Do not each line. A CONSEQUENCE OF): A CONSEQUENCE OF):	and and	de of dying, such a	s cardiac or respi	ratory arrest	Approximate interval Between Opeet and Death Days Mowths
CHILL	that initiated events resulting in death) LAST	d. DUE TO (OR AS	A CONSEQUENCE OF):	are	inome			141
MEDICAL	PART II. Other significant condition	ons contributing to death	but not resulting in t	arl		PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CRUSE OF DEATH? 1 YES 2 NO
HYSICIAN	EXAMINERY.	HOSPITAL:	stpatient 3 DOA 4	HER:	ACE OF DEATH (Check			
מו אום	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJI	JRY AT 28	Id. DESCRIBE HOW II	NJURY OCCUR	ED
3	3 Suitchine Could not be detarmined	28a. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, street early)	et, factory, office	28	H. LOCATION (Street a City or Town, State)	nd Number or F	Bural Route Number,
COMPLE		SICIAN: To the best of my known NER: On the basis of axisminst						nuse(s) and manner as stated.
DG 01	296. SIGNATURE AND TITLE OF CERTIFIE	Mp			D-322	332	29d. DATE SIG	GNED (Month, Day, Year)
	31. DATE FILED (Month, Day, Year)	HO COMPLETED CAUSE OF E	Teogra A	m #?	220 jlva	Spare	ud!	20002



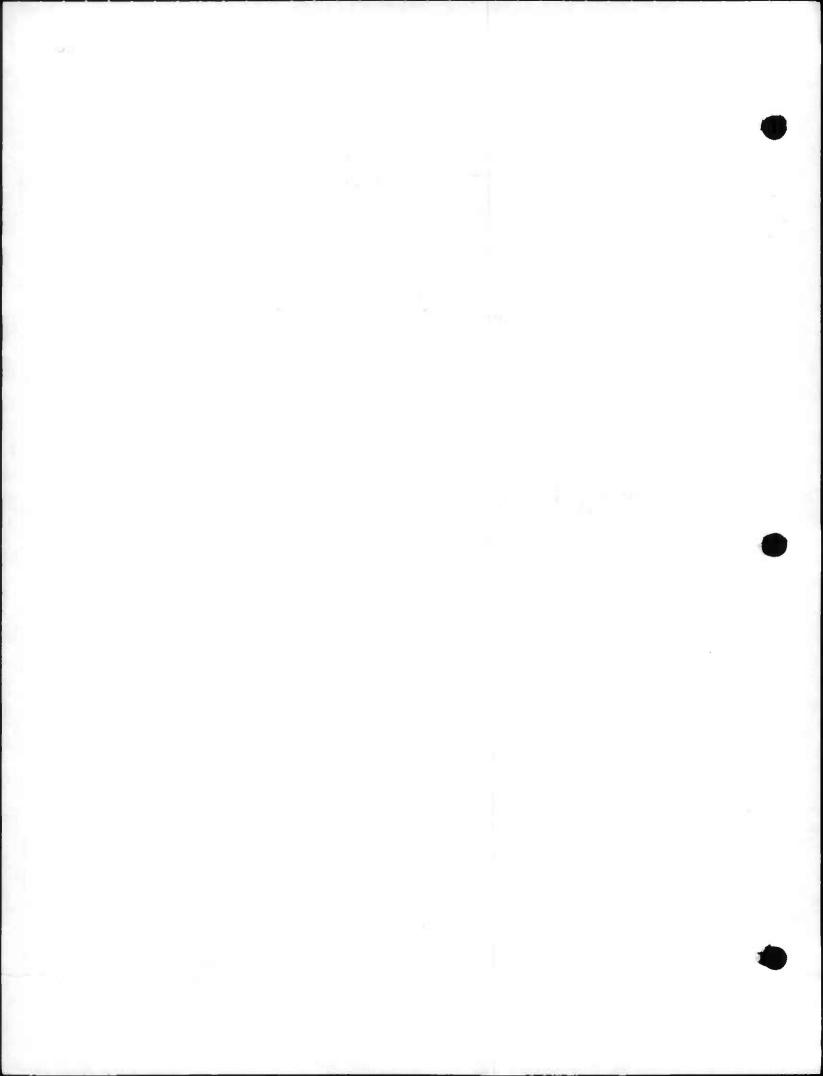


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DISCOLOGICAL MANAGEMENT OF THE COUNTY OF THE	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zernours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIENI REG. NO.		
3	1. DECEDENT'S NAME (First, Middle, Last)	CHRYSI				2. DATE OF DEATH DA	3 94	3. TIME OF DEATH 12-15 P M
	4. SOCIAL SECURITY NUMBER 577-38-9070	12√07/M 2 □ F	n yrs. lest birthdey) 57 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) MAY 11,1		THPLACE (State or Foreign stry) SH., DC
TOR	96. FACILITY NAME (If not institution, give s MANOR CARE RESIDENCE OF DECEDENT		ME	ATH	9c. COUNTY OF MON	TGOMERY		
DIRECTOR	DC NO			ASHING				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
1212 - 12th STREET, N.W. 20005								WHAT COUNTRY?
B	11. MARITAL STATUS XXNever Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, ap	ENDENT OF HISPANI ecify Cuban, Mexican 2 NO Specify:		8la	CE — American Indian, ick, Whita, etc. icity: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+) 5 +	16a. DECEDENT'S (Give kind of ville. Do NOT us TEAC	vork done during mo e retired.)		186. KIND OF BUS	UCATIO	1
BE CON	17. FATHER'S NAME (First, Middle, Last) EVANGELOS	CHRYSAKIS			GIO	NE (First, Middle, Maiden : VANNA CO	LONNA	
5	19a. INFORMANT'S NAME (Type/Print) MR. ANTHON Y CHR	YSAKIS	196. MAJLING 6767—	COLLIN	nd Number or Rural R	oute Number, City or Town E, MIAMI	n, State, Zip Code) BEACH	,FLA.33141
	20a. METHOD OF OISPOSITION XXBurlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State ceme	PLACE AND DATE OF STREET, Crematory or of ATE OF	her plece)			LVER S	PRING, MD.
	21. SIGNATURE OF FUNERAL SERVICE OF	Moore		HYSO	NG CO.,		MASH	DC
N	23. PART I. Enter the diseases, or a shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. ardio	the death. Do not line.	Nary	Arrest	as cardiac or respin	ratory arrest,	Approximate interval Between Onget and Death Suddout Suddout
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. Due tro (or as a Due to (or as a A C C + a)	tic Co	aran	ome, C	2remal		Monts Monts
PHYSICIAN: MEDICAL	PART ii. Other significant condition	a contributing to death but	at not resulting i	n the underlyin	g cause given in F	Part I. 24a. WAS AN PERFOR	MED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
rsicia	25. WAS CASE REFERENCE OF TO MEDICAL EXAMINER? 1 YES 2 40	HOSPITAL: 1 Inputient 2 ER/Output	itlent 3 🗆 DOA	QTHER:	ACE OF DEATH (Che			
ву Рн	27. Manufert OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)		M 1	RK? /ES 2 NO	28d. OEŞCRIBE HOW IN		
ETED	3 Suicide 8 Could not be determined	26e. PLACE OF INJURY building, etc. (Special	fy)	treet, factory, offic		28f. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,
COMPLETED	one) I MEDICAL EXAMINE	CIAN: To the best of my knowle						(s) end manner as stated.
TO BE	291 SIGNATURE AND TITLE OF CERTIFIER	Nus			29c, LICENSE NUM	BER 2332	29d. DATE SIGNE	D (Month, Day, Year)
	31. DATE FILED (Month, Day, Vear)	32) HIGHSTHAR'S SIGNA	seogi	a Ave	#220	SILVEN	2010	2 ING
	SEP 1 3 1994	Julia Davidson	gandere				1	





1	-	FOR STATE REGISTRA
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and returned for the death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

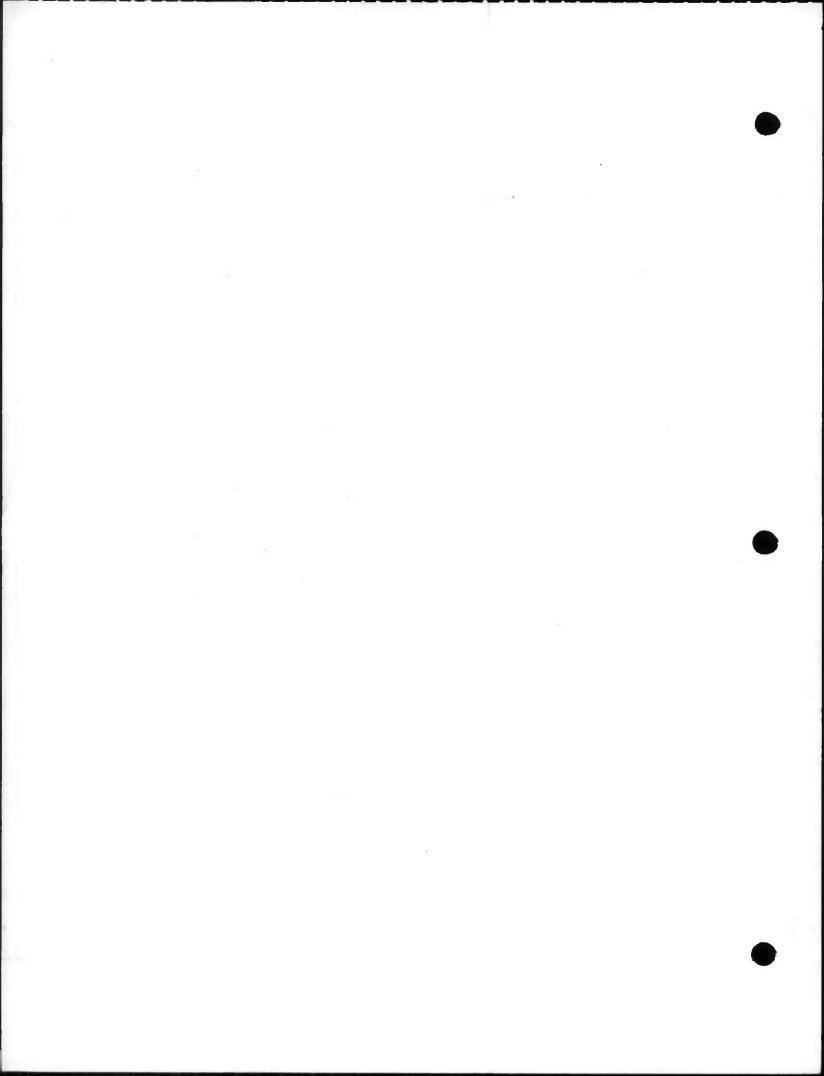
IMPORTANT. It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

1 - STATE REGISTRAR		SIAIE UF N		CERTIF					MENIA	REG. NO.	E		
1. DECEDENT'S NAME (First,	Middle, Last)									OF OEATH			3. TIME OF DEATN
Doris	Ţ	Vaters	Cohe	en					COD	tember		YEAR	7:45 P. M
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH			PLACE (State or Foreign
242-14-7004		1 🗆 M 2 💟 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	th, Day, Year)	1919	Country	inia
9e. FACILITY NAME (If not in		treet and number)	- / -		9h CITY	TOWN C	R LOCATIO	ON OF DE		tember		NTY OF D	
		,							LAIN				
RESIDENCE OF DEC	ovejoy	Street			81	.Ive:	r Spr	ring			Moi	itgom	lery
10e. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN O	R LOCAT	ION						10d, INSIDE CITY
Maryland	Mor	ntgomery		S	ilver	Spi	rino						LIMITS?
10e. STREET AND NUMBER		10801101)				-	ZIP CODE	F			10a CIT	IZEN OF W	HAT COUNTRY?
11706 Lov	ejoy	Street						2090	0.2				
11. MARITAL STATUS	ejoy	12. WAS DECEDEN	T EVED IN II S	ARMED	42 3	MAC DEC	ENDENT O			N? (Specify Yes		S.A.	
1 Never Married 2 🕎 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE W	YES 2	NO	1	f yes, spe		n, Mexice	n, Puerlo	Rican, etc.)	or No —	Black	— American Indien, , White, etc. fy: White
	EOENT'S EDU		16a	DECEOENT'S	USUAL OC	CUPATIO	N .		168	. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5 -	,	(Give kind of life, Do NOT us	se retired.)	turing mo	st of workin	g					
12			S	ecreta	ary					Constru	ictio	nn.	
17. FATHER'S NAME (First, Mi	iddle, Last)	-					18. MOTN	IER'S NA		Middle, Maiden		711	
Robert	Р.	Waters					Ann	nie		1	Ensle	227	
19e. INFORMANT'S NAME (7)				19b. MAILING	ADORESS	(Street a			Poute Num	ber, City or Town			20902
Nathaniel	B. Co	ohen		11706						lver S			
20e. METNOO OF DISPOSITI	ON			CE AND DATE	OF DISPOSI				DAT	E 20c. LOC	CATION —	City or Tox	
1 № Burlel 2 □ Cremetlo 4 □ Donation 5 □ Other		oval from State	cemetery,	crematory or o	ther place)	erv		9/16	6/94	Wash	ningt	on,	
21. SIGNATULE OF FUNERAL	L SERVICE LIC	ENSEE		- Care			D ADDRES				Nort	n Ca	rolina
Aome	D 9	Dag	Jak	/	FR 50	ANCI	IS J.	COI	LLIN	S FUNE	RAL	HOME,	INC. P., MD 2090
23. PART I. Enter the di	seesee, or o	complications that	ceused the	deeth. Do r	not enter	the mo	de of dyi	ng, suci	h es cen	dlec or respli	ratory en	rest,	Approximete
ehock, or he	eart feilure.	List only one ceu	se on eech	line.									Intervel Between
IMMEDIATE CAUSE (Fin disease or condition resulting in death)	→	e	OR AS A CON	NAN	}	F	AIUU	w					Cours
						21 -							1.1.0
Sequentially list conditi		b. DUE TO	COR AS A CON ANCIE	SECULENCE OF	DRIT	1011	1200		_				14.
If any, leeding to immed ceuse. Enter UNDERLY!		0	A . 100T	A -	1	1.	L.LV						
CAUSE (Disease or Inju		c. OUE TO	ANCIE OR AS A CON	ISFOURNCE OF	/\		- 00						
that initiated events resulting in deeth) LAS	r				,								i 1
×= 0.04 _ 0.00		d											<u> </u>
PART II. Other significe	nt condition	s contributing to	deeth but no	ot resulting	in the un	derlying	ceuse g	Iven in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_	1 1 1 2	BC NO		OF DEATH?
DID TOBACCO U	SE CONITI	DIDLITE TO CA	USE OF D	CATH V	· C 🖂 N	10 [11016	EDTA IN					1 - YES 2 NO
25. WAS CASE REFERRED TO		RIBUTE TO CA		LACE OF DEAT			UNC	ERTAIN	<u> П</u>				
EXAMINER?	MEDICAL	HOSPITAL:	-32 52		OTHER	1:							
1 NES 2 NO		1 Inpatient 2			-		5 Re	sidence					
27. MANNER OF OEATN 1 Netural 5	Pending	28e. OATE OF (Month, Di	INJURY ly, Year)	28b. TIM	E OF URY	28c. INJI WO	JRY AT RK?		28d. OE	SCRIBE NOW IN	JURY OC	CUREO	
	nvestigstion				М	1 🗌 Y		NO					
	Could not be	28e. PLACE O building,	F INJURY — At etc. (Specify)	t home, term,	street, tecto	ory, office			281, LOC City	ATION (Street a or Town, State)	nd Number	or Rural R	oute Number,
4 Nomicide	letermined												
29e. CERTIFIER (Check only	IFYING PNYSI	CIAN: To the best of	my knowledge	, daeth occum	ed at the tie	me, deta	end place,	end due	to the car	use(e) end men	ner ee atai	led.	
onal													end menner se stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	3			-	. 1	29c. LICE	NSE NUM	IBER		29d OAT	F SIGNEO	(Month, Day, Year)
15	a	1 luno	1	Bruce	Sel	an M		736			>	91.	las
30. NAME AND A ODRESS OF	PERSON WH	O COMPLETED CAUS	E OF DEATH	TEM 27) /7/20	Print1							1/12	1.27
Stanley A.		tz, MD	5454 W	iscons		venu	ıe	Chev	y Cl	nase, m	nd 2	0815	
31. DATE FILED (Month, Coy,	4"1994	22 REPUBLING	TO PROMITOR	Mallacon									





ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-716 10/17/94 t.t

1 - STATE REGISTRAR		STATE OF I	MARYLAND / C	DEPAR ERTIF					MENT/	AL HYGIEN REG. NO			
1. DECEDENT'S NAME (First	, Middle, Last)									E OF DEATH			3. TIME OF DEATH
KIMBERLY		EL.	IZABETI				DO		SE.		199		10:00A M
214-88-5752		1 M 2 X F	6. AGE (In yrs. Ia:	SI Dirthday) YRS.	MONTHS	DAYS	HOURS	MIN.	Jun	e of Birth nth, Day Year) 1e 5 19	61		PLACE (State or Foreign Pland
9e. FACILITY NAME (If not in	stitution, give s	street and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DE	ATH		9c. COL	INTY OF D	DEATH
1500 GREE		LLEY CI	RCLE		HA	NOV	ER				AN	NE A	ARUNDEL
RESIDENCE OF DEC	10b. COUNT			I so orr	7011010								
Maryland		ne Arunde	e1	10c. CIT	Y, TOWN C	H LUCATI	ION	Har	nove	r			10d. INSIDE CITY LIMITS? 1 YES 2, NO
10e. STREET AND NUMBER	150	00 Green	Valley	Circl	.e	10f.	ZIP CODE		1706				WHAT COUNTRY?
11. MARITAL STATUS						WAS DECE	NDENT O			IN? (Specify Ye			E — American Indian,
1 Never Merried 2XXX 3 Widowed 4 Divo	• 122112	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V		MO		f yes, spe I _ YES	elty Cuber 2 1 NO	n, Mexica Specify	n, Puerto	Pican, etc.)	- O NO	Spec	k, White, atc.
	EDENT'S EDU y highest grade		16e. DE	ECEDENT'S Silve kind of v	USUAL O	CCUPATIO	N	_	16	Sb. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (- 1	College (1-4 or 5	+) life	tress	e retired.)	unng mos	I OF WORKIN	g	1	Food	l Ser	vice	
17. FATHER'S NAME (First, M	liddle, Last)						16. MOTH	IER'S NA	ME (First	, Middle, Maiden		VICE	
		John		oan					Ja	yne F	. O'I		
William Ho	well	Brot								mber, City or Tow pper M			Md. 20772
26a. METHOD OF DISPOSIT 1 Burlel 2 Cremelic 4 Donetion 5 Other	on 3 🗆 Rem	noval from State	20b. PLACE					t. 2	1		Balt		wn, State Maryland
21. SIGNATURE OF FUNERA		CENSEE					D ADDRES			-	Dail	•	naryrand
Robe	1 8	E Eva	MA	Pro						eral H	-		rvland 20715
23. PART I Enter the d	iaaases, or	complications the	t caused the de	eath. Do n	ot antar	tha mod	le of dyi	ng, suci	n as ca	rdiac or resp	iratory ar	rest,	Approximate
immediate cause (Fir disease or condition		List only one cau	ise on aach lini	В.									Intarval Batween Onset and Daath
resulting in death)	→	u	CUTE NARCO			CAINE	INTO	CICAT	ION				
		DUE TO	(OR AS A CONSE	OUENCE OF	7):								
Sequantially list condit		b	(OR AS A CONSE	OUENCE OF	7):								
cause. Entar UNDERLY CAUSE (Disease or inju		c	(OR AS A CONSE	OHENCE OF	a.								
that initiated events resulting in death) LAS	Т	d			<i>,</i>								
PART II. Other significa	nt condition	as contributing to	death but not i	rasuiting i	n the un	darlying	Cause	iven in	Dart i	24a. WAS AN	AUTOROV	245	WERE ALTORON ENDINGS
		- venturality to	duality but 110t 1	aounny .	ii tila uli	darrying	causa g	HAGH HI	rait i.	A PERFO	RMED?	240	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
										1 YES	P □ NO		DF DEATH?
DID TOBACCO U	SE CONIT	DIDLITE TO CA	LICE OF DEA	TU VE	СПЬ	ио П	LINIC	EDTAIN					1 YES 2 NO
25. WAS CASE REFERRED TO		KIBUTE TO CA		CE OF DEAT	S 1		UNC	ERTAIN	ч 📙				
EXAMINER?		HOSPITAL:			OTHER	t:	-37						
27. MANNER OF DEATH		1 Inpatient 2 26a. DATE OF		28b. TIM		28c. INJU		sidence		er (Specify)	N IURY OC	CHRED	
	Pending	(Month, D	lay, Year)		URY	WOF	K?	NO.		IKNOWN	MOON! OC	CONED	
a Daniel	Investigation		-16-94 F INJURY — At he					(,0.0)		CATION (Street	and Numba	r or Rucel f	Poute Number
0 671	Could not be determined	building,	etc. (Specify) OUND AT H		237 554	,,			City	y or Town, State) VER, MD.	1500 (GREEN	VALLEY CIRCLE
29e. CERTIFIER (Chep) Only 1 CERT	IFYING PHYSI	ICIAN: To the best of	my knowledge, de	eth occurre	d at the ti	me, date o	end place,	end due	to the co	euse(e) end me	nner ee sta	ted.	
2 X MEDI	CAL EXAMINE	R: On the beele of e	xamination end/or	investigatio	n, In my o	pinion, de	ath occur	ed at the	lime, dat	le end place, er	nd due lo t	he ceuse(e	e) end menner ee stated.
29b. D'GNATURE AND TITLE	OF CERTIFIER	1 cole	M)			29c. LICE	C . M				EPT	(Month, Day, Yeer)
			700								, ,		17 1994
30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS				eet							
31. DATE FILED (Month, Day, SEP 30	V LO	4E M		enn		eet							21201.

iours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-fran be filed within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

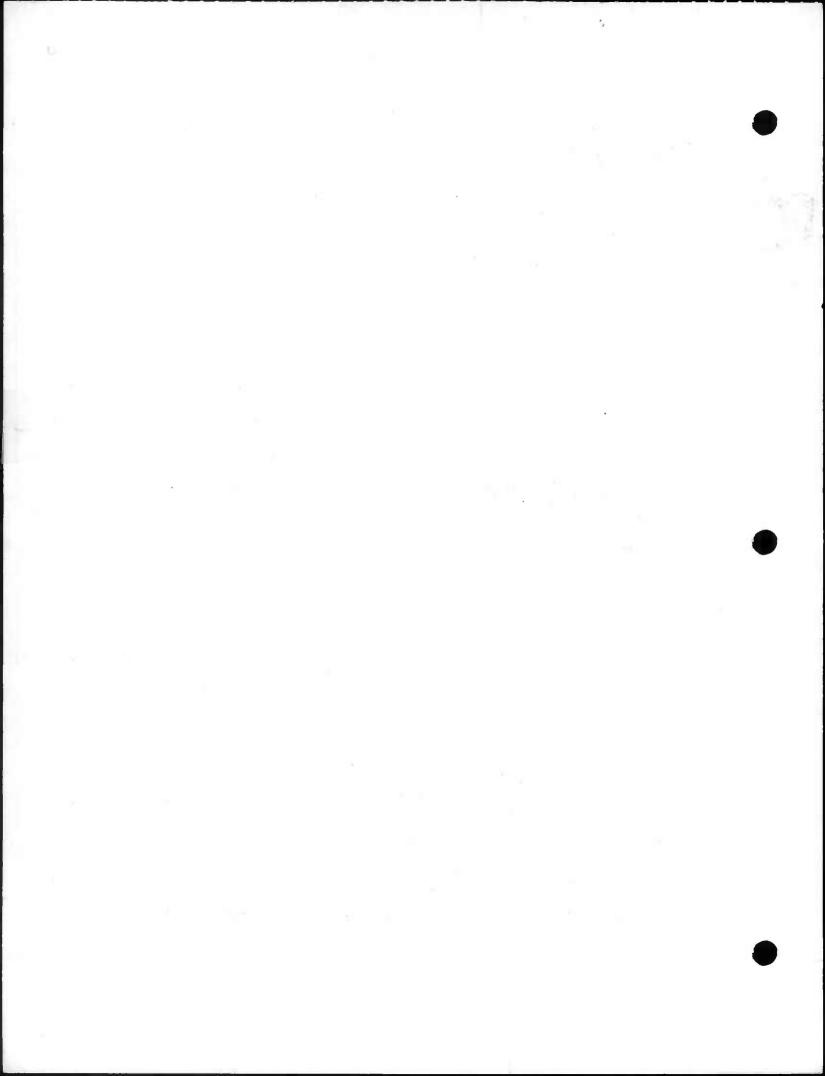
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

DHMH-18 Ray 1/89

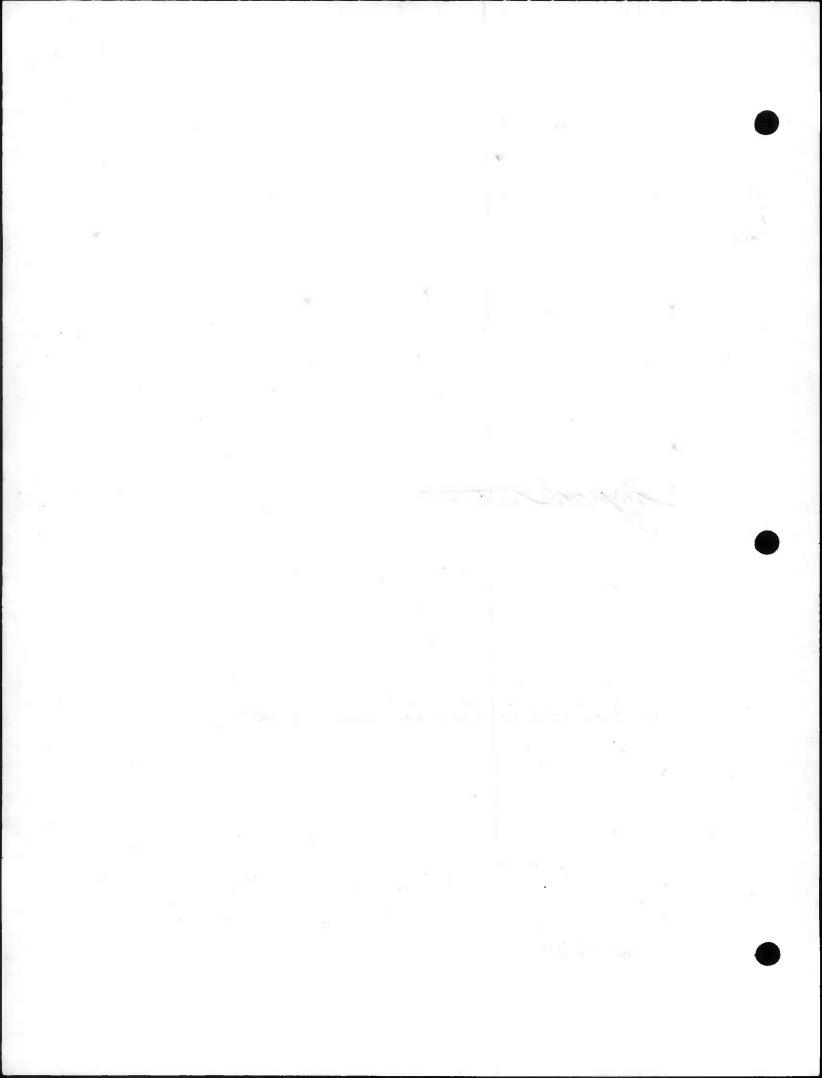


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

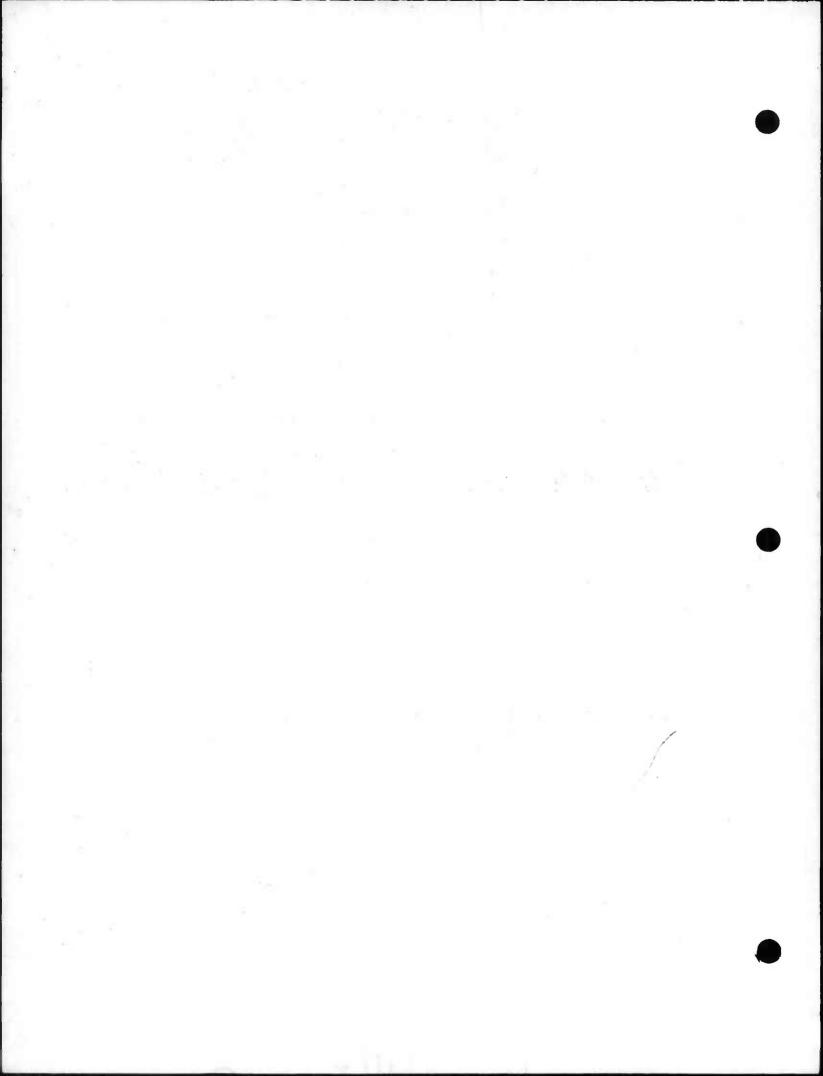
	1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEATH	D INL		G. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)						2.	DATE OF D	EATH			3. TIME OF DEATH	
	RUBY	I.		DIGG	S		5	Sept.	18,	199	4 YEAR	11:00 A. M	
	4. SOCIAL SECURITY NUMBER 5	. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	\rightarrow	DATE OF BI	RTH		8. BIRTH	PLACE (State or Foreign	
	226-32-2141	☐ M 2 F	M 2 F 75 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Country) April 5,1923 Virg								ginia		
	9e. FACILITY NAME (If not institution, give street												
FUNERAL DIRECTOR	Frederick Memoria	1 Hospi	ltal		Fr	ederic	c			Fr	eder	ick	
낊	10e. STATE 10b. COUNTY	COUNTY 10c. CITY, TOWN OR LOCATION 10d.									10d. INSIDE CITY		
2	Maryland	rreaei	ick	Fr	ederick							LIMITS?	
Ar	10e. STREET AND NUMBER				101	. ZIP CODE				10g. CIT	IZEN OF V	VHAT COUNTRY?	
E B	6759 Brace Cour	t				217	701			Un	ited	States	
5		FORCES? 1	T EVER IN U.S. ARI	MED		ENDENT OF HIS ecify Cuben, Me				or No-	14. RACE	— American Indian, k, White, etc.	
B⊀	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES				ecify:	derto Hicen,	⊕(C.)			Black	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	ION	16a. DE	CEDENT'S	USUAL OCCUPATION	ON .		16b. KIND	OF BUS	SINESS/INI	DUSTRY		
山		College (1-4 or 5 +	life.	Do NOT us	work done during ma se retired.)	st of working							
로	8		Ho	mema	ker				own	home			
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME ((First, Middle,	Maiden	Sumame)			
B	THORNTON		FISHER				BLE		?		ISHE	R /?	
2	190. INFORMANT'S NAME (Type/Print)				ADDRESS (Street								
	Charles H. Diggs			39 E	. 5th St	./ Fred	ieri			217			
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremetton 3 Remova	I from State	20b. PLACE A cemetery, crer	matory or o	OF DISPOSITION (Na ther_place)	me of	1_				City or To		
	4 Donetion 5 Other (Specify)	DEE.	Fair	view	Cemeter	У	β	9-22	Fre	deri	ck,	Maryland	
	Stauffer Funeral Home												
	1621 Opossumtown Pike/Frederick, Md. 21702												
	21 PART I the the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory erreet, interval Between												
	IMMEDIATE CAUSE (Final												
	a. Donn mass lesion DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, flany, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events) DUE TO (OR AS A CONSEQUENCE OF):												
	DUE TO (OR AS A CONSEQUENCE OF):												
ON	Sequantially list conditions, b	Sep:	SIS C	OU.	enyou	arco	n						
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	Chan	34 4 4 4 4 4	1106	2 / 14 / 4	-							
H	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEC	UENCE O	- Wisco	fecia	na	1				-	
E	resulting in death) LAST		erten										
		// //											
DICAL	PART il. Other significent conditions of						in Par	t i. 24a.	WAS AN PERFOR	AUTOPSY MED?	24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă	plasmacyton			ya	ypera	sia,		_ 1 🗆	YES 2	□ NO		OF DEATH?	
ME	pulmonary				>D			-01				1 TYES 2 NO	
Ž	DID TOBACCO USE' CO	ONTRIBUTE	TO CAU	SE OF			10						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	9SPITAL:			26. PL	ACE OF DEATH	(Check o	only one)					
ΥS	1 YES 2 NO		ER/Outpatient 3		4 Nursing Hom								
표	1 Netural 5 Pending	28e. DATE OF (Month, Da		28b. TIM	JURY WO	RK?	28	d. DESCRIBI	E HOW II	NJURY OC	CURED		
BY	2 Accident Investigation	28a PLACE O	F IN HIRV — At hor	me term		rES 2 NO	-		· ·		-		
1	3 Suicide 6 Could not be 4 Homicide determined	building,	etc. (Specify)	me, rarm,	street, factory, offic	•	26	City or Tow		ind Numbe	r or Runal F	Route Number,	
9	29e. CERTIFIER									101-0-			
	29e. CERTIFIER (Check only Check only Ch												
M					n la my cololon d	anth accuract at	48n a 41ma					Cara Caraca Constant	
COMPLETED	one) 2 MEDICAL EXAMINER: (on, in my opinion, d				elace, en				
BE COMP					on, in my opinion, d	29c. LICENSE	NUMBER	R	elace, en			(Month, Day, Year)	
B	29b. SIGNATURE AND TITLE OF CENTURES	On the beele of er	camination end/or in	rivestigation		29c. LICENSE I	NUMBER	79		29d. DAT			
ш	one) 2 MEDICAL EXAMINER: (On the beele of er	camination end/or in	rivestigation		29c. LICENSE I	NUMBER	79		29d. DAT			
B	29b. SIGNATURE AND TITLE OF CENTURES	OMPLETED AND A PERIOD OF THE PROPERTY OF THE P	camination end/or in	nvestigation 27) (Type 20	, Print) - Su. 3 Fred	29c. LICENSE	NUMBER	79		29d. DAT			

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the founds after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.



		FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN		
		DECEDENT'S NAME (First, Middle, Last) A. SOCIAL SECURITY NUMBER	Thelma Vingi	nia Dixe NICi (In yrs. lest birthdey)	F UNDER 1 YEAR	IF UNDER 24 HRS.	2. DATE OF DEATH MONTH SEPTEM DEATH	NAY 18 19	3. TIME OF DEATH 194 2120 M BIRTHPLACE (State or Foreign
should		219-20-4683 9a. FACILITY NAME (If not institution, give so	1 □ M 2 🔀 F	74 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 05/06/192		roxville, MD
, 2, 3 sh	TOR	Frederick Memoria			Frederi		NH .	Frede	
0	рівестоя	10a. STATE 10b. COUNTY	erick		rederick				10d. INSIDE CITY LIMITS? 1 YES 2 NO
(X)	ERAL	100. STREET AND NUMBER 1421 Taney Avenue			101	21701		10g. CITIZEI	N OF WHAT COUNTRY?
ding physician	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	5 K NO	If yes, sp	ENDENT OF HISPANI ecity Cuban, Maxican 2 NO Specify:		s or No — 14	RACE — American Indian, Black, White, atc. Specify: White
The spital or attending tached for use as the co.	PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		18a. DECEDENT'S (Give kind of life. Do NOT u Housewit	USUAL OCCUPATION Work done during mose retired.)	ON st of working	16b. KIND OF BU	siness/indus Homema/	
M ROLL	BE COMPL	17. FATHER'S NAME (First, Middle, Last) Allen Rufus Redman	n			18. MOTHER'S NAM	RE (Eirst. Middle, Maiden Elizabet	h Phil	lips
o retained to 5 stroud a netified	10 8	190. INFORMANT'S NAME (Type/Print) Glenn D. Simons	-				oute Number, City or Tow iddletown		
Page 6 may be all director, page a		20a. METHOD OF DISPOSITION 10 Burlel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from State 20b.	PLACE AND DATE	OF DISPOSITION (Na		DATE 20c. LC		y or Town, Stata
death. death. e funera		21. SIGNAGUAE OF FINERAL BERVICE NO. Banbara A. Wil	Williams, Owner	·	John 100 I	no address of Factorial Petersvil	ams Funer Le Rd., B	al Home	e ck, MD 21716
ed within 24 ompletely fill al, cremation, event, the	z	23. PART I. Entar the diseasea, procahock, pr heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	ach lina.	el fa	da of dying, such		iratory arrest	t, Approximate Interval Between Onset and Daath
th certificate be ending physician il Hygiene prior to or other traus	CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE O					
ries that the cision of the cision of the cision of the fealth and Me	MEDICAL (PART II. Other algorificant conditions Hyperfension Dutch		ut not reaulting	in tha undarlying	g cause given in f	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 TO
has b Dept.	AN:	DID TOBACCO USE C		CAUSE OF		ES NO	ck only one)		
ICIAN: ertifica the St	HYSICI	1 YES 2 YO	HOSPITAL: 1 ☐ Inpatient 2 ER/Outpo	28b, TIN	IE OF 28c. INJ		Other (Specify) 28d, DESCRIBE HOW	INJURY OCCUF	NED
	ВУР	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year) 28a. PLACE OF INJURY	- At home, ferm,	M 1 🗆 1	PRK? YES 2 NO	28f. LOCATION (Street	and Number or	Rural Route Number,
. OR ATTENDING DIRECTOR: After hours after death	LETED	4 Homicide determined	building, atc. (Speci	ify)			City or Town, State,)	
로 작전 ==	COMPL	(Check only one) 2 MEDICAL EXAMINES	CIAN: To the beat of my knowle						ause(a) and manner as stated.
TO THE HOSPI TO THE FUNER De filed within	TO BE	296 HIGHATUHII AND TITLE OF GERTIFIER	Som		`	D 26	516	29d. DATE \$	IGNED (Month, Day, Year)
		AMAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type	, Print) A	NO 1	the PR	+X p	n 21702
		31. DATE FILED (Month, Day, Year) SEP 2 3 1994	32. REGISTRAR'S SIGN	SON Rarball	81				



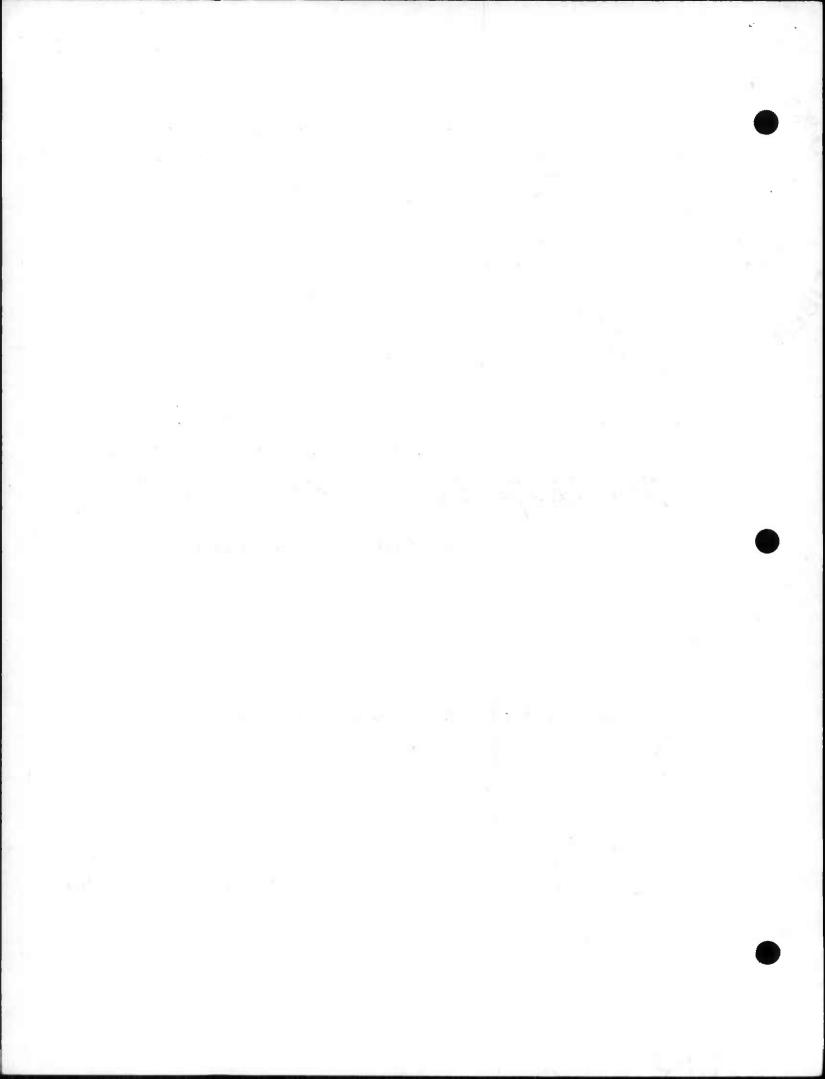
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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer after health with the State Dent of Health and Mental Hydiene prior to hurial cremation or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BALTIMORE, MARYLAND 21215-0920

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	C	ERTIF	ICATE O	F DEATH	A	EG. NO	_				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH	AY		3. TIME OF DEAT	гн	
	Otis	Dunca	n			Sept.	18.	1994	YEAR	7:37	рм	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. I		IF UNDER 1 YEAR		7. DATE OF E	BIRTN		8. BIRTI	IPLACE (State or Fo		
	250-05-9199 1 MM 2 DF 85 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Yes, Aug. 1,							.909	Ü'n	known		
	9e. FACILITY NAME (if not institution, give street end numb	er)		9b. CITY, TOW	OR LOCATION OF O	EATH		9c. COU	NTY OF E	DEATN		
DIRECTOR	Naval Hospital			Patux	ent Rive	<u> </u>		St.	Mar	y's		
Ä	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	ATION					10d. INSIDE CITY	,	
	Maryland St. Mar	y's	Lex	xington	Park					LIMITS?	NO	
FUNERAL	100. STREET AND NUMBER 1500 Great Mills Road			5	101. ZIP CODE 20653				S.A	WNAT COUNTRY?		
3		CEDENT EVER IN U.S.		13. WAS D	ECENDENT OF HISPA	NIC ORIGIN? (S	pecify Yes	or No-	14. RAC	E — American Indi	en,	
B≼		? 1 YES 2 E	NO		specify Cuben, Mexico ES 2 X NO Speci		n, etc.)			k, White, etc. Hy: Black		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. C	DECEDENT'S	USUAL OCCUPA	TION	16b. KIN	D OF BU	SINESS/IND	DUSTRY			
ᄪ	Elementary/Secondary (0-12) College (1-	l or 5+)	fe. Do NOT us	vork done during se retired.)	most of working							
린	5th Grade	D	isable	ed			N/A					
S	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middl	e, Maiden	Sumeme)				
BE (Unknown				Unk	nown						
10	19a. INFORMANT'S NAME (Type/Print)				t end Number or Rural							
۴	Gene Carter		P.O. 1	Box 653	, Leonard	ltown,	Mary	land	206	50		
900-	20s. METNOD OF DISPOSITION LLC Buriel 2 Cremetion 3 Removal from Sta 4 Denation 5 Other (Specify)			of disposition	Gardens	DATE 9/20/94		cation – onard			and	
	21. SIGNATIONS OF FUNEBAL SERVICE LICENSER	-	200	22. NAME	AND ADDRESS OF FA	CILITY						
	Michael & Ste	rolines		Matti P.O.	ngley-Gar Box 270,	rdiner Leonar	Fune dtow	eral m. M	Home arvl	, P.A and 2065	50	
	23. PART I Enter the diseases, or complication	ns that ceused the c	deeth. Do n	ot enter the r	node of dying, suc	ch as cerdisc	or reap	ratory sn	rest,	Approxim	eta	
	shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset end Death											
	IMMEDIATÉ CAUSE (Final disease or condition resulting in death) PROVEDE MYOCAR DIAL ENTARCTION DUE TO (OR AS A CONSEQUENCE OF):											
- 1	Due to (or as a consequence of):										-	
z												
E	it sny, leeding to immediate	UE TO (OR AS A CONS	EOUENCE OF	F):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury											
불	thet initiated events resulting in death) LAST	UE TO (OR AS A CONS	EOUENCE OF	5):								
Ä	d.											
١٢	PART II. Other significant conditions contributi	ng to deeth but not	resulting i	n the underly	ing ceuse given in	Part I. 24s	. WAS AN	AUTOPSY	246	. WERE AUTOPSY F	NDINGS	
DICAL							PERFOR	6		AVAILABLE PRIOR		
						''	TES 2	Ano		DF DEATH?		
2	DID TOBACCO USE CONTRIB	UTE TO CAU	SE OF	DEATH	YES NO					1 YES 2	10	
A	25, WAS CASE REFERRED TO MEDICAL				PLACE OF DEATH (C)						_	
PHYSICIAN: ME	EXAMPLER? 1 YES 2 NO 1 Inpatie	L: 1 2 ER/Outpatient	3 XDOA	OTHER:	ome 5 Residence	8 Other (So	necify)					
Ŧ	27. MANNER OF DEATH 28e. D/	TE OF INJURY	28b. TIM	E OF 28c. I	NJURY AT	28d. DEŞCRII		NJURY OC	CURED			
	1 Natural 5 Pending	onth, Day, Year)	INJ		YORK? YES 2 NO							
BY	2 Accident Investigation 3 Suicide 8 Could not be	ACE OF INJURY - At I	home, ferm, a	Hreat, factory, of	fice	28f. LOCATIO			r or Rural	Route Number,	-	
COMPLETED	4 Nomicide determined	ilding, etc. (Specify)				City or To	wn, State)					
W	29e. CERTIFIER		4			M						
₽ P	(Check only MEDICAL EXAMINER: On the bas									o) and manner or		
8	/			ii, iii iiiy opiiiioii	-		piace, er				tated.	
BE	29c, LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)											
2	30 MAME AND DODGES OF DESIGNATION TO	/m/)			17/7	068			11/	7/74		
	30. NAME AND ADDRESS OF PERSON WNO completed cause of Death (ITEM 27) (Type, Print) Dr. William Boyd, II, M.D. Leonardtown, Maryland 20650											
				COWII, N	aryralia 4	20030						
	31. DATE FILED (Month, Day, Year) SEP 2 0 1994 July	STRAR'S SIGNATURE	rdall									



1

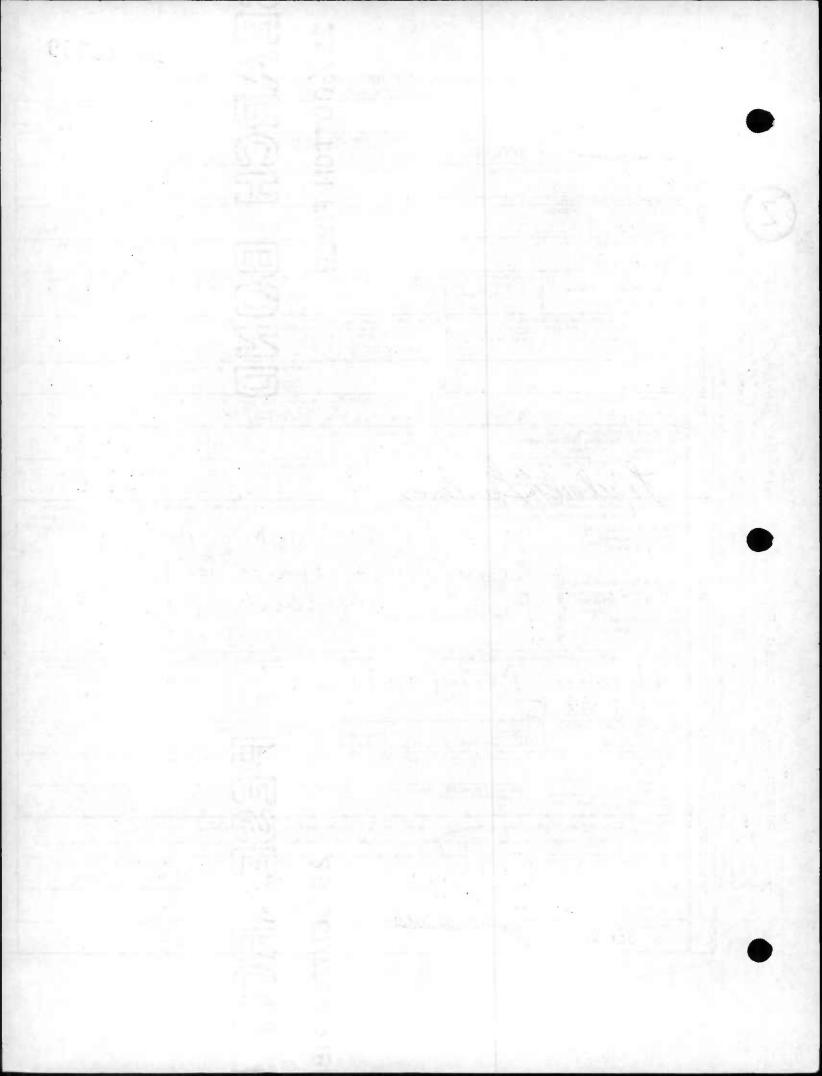
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be seen signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transityper be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last) John Franci	is Dicke	ccon	110		2. DATE OF DEATH Sept. 22,	Y QQA YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		12:40 A M HPLACE (State or Foreign
	213-38-1204	1 M 2 □ F 53	YRS. MONT	THE DAYS	HOURS MIN.	March 16,	1941 Ma	ryland
OR	St. Mary's Hospit		9b.	EATH	St. Mar			
딦	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ	10c. CITY, TO			10d. INSIDE CITY		
DIRECTOR	Maryland St	. Mary's		ments				LIMITS?
	10e. STREET AND NUMBER	-			ZIP CODE		10g. CITIZEN OF	1
EB/	P.O. Box 86				20624	74-13	U.S.A	1.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yes, spe	ENDENT OF HISPAN city Cuban, Maxica 2 X NO Specify	IIC ORIGIN? (Specify Yes n, Puarto Rican, etc.)	Blac	E — American Indian, k, White, etc. ifly: Black
	15. DECEDENT'S EDU (Specify only highest grade	ICATION completed)	16e, DECEDENT'S USUA (Give kind of work d life. Do NOT use retir	AL OCCUPATIO	N t of working	16b. KIND OF BUS	SINESS/INDUSTRY	
COMPLETED	7th Grade	College (1-4 or 5+)	Laborer			Constr	ruction	
Ö	17. FATHER'S NAME (First, Middle, Last)	7-1-13-11-11			18. MOTNER'S NA	ME (First, Middle, Maiden		
BE	Francis	A. Die	ckerson		Agnes	L.		erbert
2	19a. INFORMANT'S NAME (Type/Print) Dorothy E. Dicker	rson				Houte Number, City or Town		
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Head 4 Donation 5 Other (Specify)		PLACE AND DATE OF DIS			DATE 20c. LOG	CATION — City or T	
	21. SIGNATURE OF FUNERAL SERVICE LI	The second secon	7 -	22. NAME AN Matti	ngley-G	irdiner Fur	neral Hon	e, P.A.
\dashv	23. PART I. Enter the diseases, or	complications that caused	ner)					land 20650
	immediate cause (Final disease or condition resulting in death)	List only one couse on as	consequence of:	AR	DION	140P	ATH!	Approximate interval Between Onset and Death
NO	Sequentially list conditions,	. Cona	CONSEQUENCE OF:	R 1	Heav	It fai	luge	
ICAT	If any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	c. DUE TO (OF AS A	10V N	140	Carc	liail		
CERTIFICATION	that initiated evants resulting in daeth) LAST	d	CONSEQUENCE OF):		In	fare	lian	
AL 0	PART II. Other significent condition				ceuse given in	Part i. 24a. WAS AN		. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA	Chronic	Rena	ftai	lus	R	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ž	_ obesi	Ly		1 1				
증	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PL	ACE OF DEATN (Che	eck only one)		
ΙλS	1 YES 2 X NO 27. MANNER OF DEATN	1 M Inpatient 2 ER/Outpa	tlent 3 DOA 4 D	Nursing Home		6 ☐ Other (Specify)		
ВУ Р	1 Natural S Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME OF INJURY	M 1 Y		28d. DESCRIBE NOW II	NJURY OCCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Specific	At home, term, street,	factory, office		281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
COMPLETED		ICIAN: To the beat of my appeal						a) and manner as stated.
띪	296. SIGNATURE AND TITLE OF CENTURE	"Ca G	18		29c. LICENSE NUN D 23634	48ER	29d. DATE SIGNED ▶ 9/22	(Month, Day, Year) /1994
9	30. NAME AND ADDRESS OF PERSON WI	. MD I	eonamitow		vland 20	650		
			minordall	-,	,			
	SEP 23 1994	· Jan		150	3			



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-tran moval.	ical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

T CEM4	10-0-94	riimG/16	W.H.Per	Informant	

1	FOR STATE REGISTRAR		STATE OF I	MARYLAI	ND / DEPA CERTI					MENTA	AL HYGIEN REG. NO.	E		
į	1. OECEOENT'S NAME (First, Grace		Lillian		De	enton	1				e of DEATH DA	19,	Ĭ99	3. TIME OF OEATH 4 1240 M
	4. SOCIAL SECURITY NUME 217-34-0530	BER	5. SEX 1 ☐ M 2 🂢 F	6. AGE (In	yrs. lest birthday	MONTHS	DAYS	IF UNDER	24 HRS.	7. DATE (Mon	of BIRTH th, Day, Year)	903	6. BIRTH	PLACE (State or Foreign
r	9a. FACILITY NAME (If not in	nstitution, give s	lreet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DI	EATH		9c. COU	NTY OF O	
L	Calvert Me		l Hospita	al		Pri	nce	Fred	eric	k		(Calve	ert
r	10a. STATE Maryland	10b. COUNTY	•		100	TY, TOWN		111 112						10d. INSIDE CITY LIMITS? 1 YES 24 NO
	100. STREET AND NUMBER 3954 Oyster	house	Road				10	2061	_			_	IZEN OF W	/HAT COUNTRY?
1	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Olvo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U	J.S. ARMED 2 X NO ES	13	If yes, s		n, Maxica	n, Puerto	IN? (Specify Yes Rican, afc.)	or No—	14. RACE Black Spec Whi	— American Indian, , White, atc.
Г	15, DEC (Specify ont	EDENT'S EDU	CATION completed)	.1	6a. DECEOENT	'S USUAL (OCCUPAT	ION lost of working	na	16	b. KIND OF BUS	SINESS/ING	DUSTRY	
	Elementary/Secondary (0	0-12)	College (1-4 or 5		Housew)				Home			
п	Charles A.	,	t	_							Middle, Malden Garner	Sumame)		
	19a. INFORMANT'S NAME (1		1								nber, City or Town			
11-	E. Fern Con								Road	-				MD 20615
	20a, METHOD OF OfSPOSITI 1 M Burlal 2 ☐ Crematio 4 ☐ Donation 5 ☐ Other	on 3 🗆 Ram	over from State	206.P	LACE AND DAT Bry, crematory of DOMES	other place	M Co	ame of	m, 0	/21			City or To	and, MD
11-	21. SIGNATURE OF FUNERA		ENSEE	DEC		22	. NAME /	ND ADORE	SS OF FA	QLITY				
	D 4+ 5	: 4	· le			R	lauso	ch Fu	nera	T Ho	ome, 44 Lic, Ma	05 B	roome	es Island
	23. PART I. Enter the dishock, or himmediate CAUSE (Firdisease or condition resulting in death) Sequentially list condition any, leading to immediately in the condition of the	eart failure.	Liet only one cau	gesti (or as a c ti-sy	Ne Hea	rt F	ailu		ing, euc	n ae cai	diac or reepi	retory ar	rest,	Approximate Interval Between Onset and Death
	cause. Enter UNDERLYI CAUSE (Disease or Inju that Initiated events reaulting in death) LAS	ing iry	oue to	(OR AS A C	ONSEQUENCE	OF):								
	PART II. Other significe	ent condition	s contributing to	death but	not resulting	g in the u	inderlyir	ng ceuse (given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
	DID TOBACCO U	SE CONTI	RIBUTE TO CA	USE OF	DEATH \	∕ES □	NO F	T HNC	ERTAI					1 YES 2 NO
1	25. WAS CASE REFERRED TO				PLACE OF OE				-KIMII					
	EXAMINER? 1 YES 2 NO		HOSPITAL: 1 fripatient 2	ER/Outpati	ent 3 DOA	OTHE		me 5 🗆 Re	sidence	6 🗆 Oth	er (Specify)			
2		Pending	26a. DATE OF (Month, D	INJURY lay, Ybar)	28b. T	IME OF NJURY M	W	JURY AT ORK? YES 2] NO	26d. DE	SCRIBE HOW II	NURY OC	CUREO	
	3 Suicide 6	forestigation Could not be determined	28a, PLACE C building,	F INJURY — etc. (Specify,	At home, tarm	, street, fee			J.NO	28f. LO	CATION (Street a or Town, State)	nd Number	or Rural R	loute Number,
2			CIAN: To the best of R: On the basis of a											and manner as stated.
2	29b. SIGNATURE AND TITLE		1	Q					ENSE NUM		1			(Month, Day, Year)
3	BO. NAME AND AODRESS OF	F PERSON WH	O COMPLETEO CAU	SE OF OEAT				1 -1/- (4				
L			Damalouji				P	rince	e Fre	eder	ick, M	20	768	
3	1. DATE FILED (Month, Day,		32. REGISTRA	R'S SIGNAT	URE									
	SEP 20	1334	yava ala	MUTTON N	mount	•								

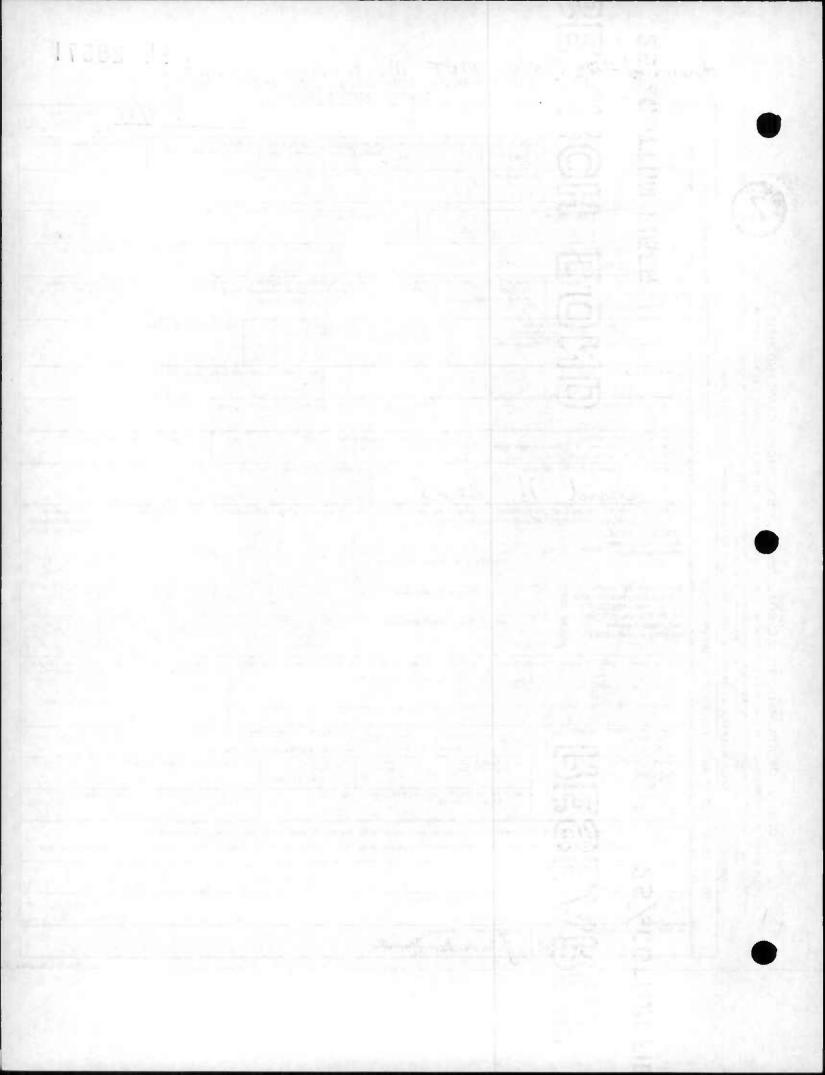
NTAL HYGIENE REG. NO	
DATE OF DEATH 9/10/94	3. TIME OF DEATH

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30	
	7
5 D	1 100
To Marin	from S. II
E	
	Sermit, Soots
	nsit permit Poor
0020	g physician. e bunal-transit permit Pages

BALTIMORE, MARYLAND 21215-0 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within flower after death. Page 6 may be retained by the hospital or attending TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	nended#2, 9 1 - STATE REGISTRAR		WARTLAND C	ERTIF	ICATE	OF DEAT	гн	REG.	NOU	1
	1. DECEDENT'S NAME (First, Middle, La		VARD D	EVIN				2. DATE OF DEATH	DAY /	year 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDER 1 YO	AR IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Yea	1929	8. BIRTHPLACE (State or Foreign Country)
	103-20-9309	1 XM 2 F	65	YRS.				April 21		New York
00	9a. FACILITY NAME (If not institution, git 4505 GLASGOW					WN OR LOCATION	ON OF DE	ATH		NTY OF DEATH
6	RESIDENCE OF DECEDENT				RUCK	VILLE			MONI	TGOMERY
DIRECTOR	10a, STATE 10b. COU	NTY		10c. CIT	Y, TOWN OR L	OCATION				10d. INSIDE CITY LIMITS?
_		TGOMERY		ROO	CKVILL	E				1 TES 2 X NO
FUNERAL	10e. STREET AND NUMBER	X772				10f. ZIP CODE				ZEN OF WHAT COUNTRY?
N	4505 GLASGOW DRI		T EVER IN U.S. A	PMED	12 140	208		IIC ORIGIN? (Specify		JSA
B	1 Never Married 2 Merried 3 Mydowed 4 Divorced	FORCES?	YES 2 AMAR OR DATES	NO	If ye		n, Mexica	n, Puarlo Rican, atc.		14. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S E (Specify only highest gi	DUCATION ade completed)	(0	Give kind of	USUAL OCCU	PATION ig most of working	ng .	16b. KIND OF	BUSINESS/INC	DUSTRY
Ä	Elementary/Secondary (0-12)	College (1-4 or 5	+)	b. Do NOT u						0 711
OME	12 17. FATHER'S NAME (First, Middle, Last)		Ad	justo	r	16 MOTT	AED'O NA	Washi		Gas Light
ECC	Charles Horace	Devin					ther		,	nebach
00	19a. INFORMANT'S NAME (Type/Print)	Devin	15	9b. MAJLING	ADDRESS (S			Route Number, City or		
2	Edward John Devi	in	1	5821	Anamos	a Driv	e R	ockville	,Mary1	and 20855
	20e. METHOD OF DISPOSITION	amovel from State			OF DISPOSITIO	N (Name of		DATE 200	LOCATION -	City or Town, State
	4 Donation 8 Other (Specify)		- Gate	of He	aven (emeter	y 9	/13/94 S	ilver	Spring, Maryland
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	51	0		AE AND ADDRE			owal U	ome, Inc.
	David	H.	Mak	V .						Spr.,MD 20901
	23. PART I. Enter the diseases, ahock, or haert fallu IMMEDIATE CAUSE (Final	or complications the re. List only one car	at caused the duse on aach lin	leath. Do i	not anter the	mode of dvl	lan aud			
	disease or condition resulting in death)	a. Co-	rdio (OR AS A CONSE	Car	oalo			n as cerdiac or n		est, Approximate Interval Batween Onset and Death
TIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events	b	O (OR AS A CONSE	COUENCE O	F):					Interval Batween
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b	OR AS A CONSE	COUENCE O	F):					Interval Batween
S	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events	b	O (OR AS A CONSE	EQUENCE O	F): F): F): In the under	u	D:	Part I. 24a. WAI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
S	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	O (OR AS A CONSE	EQUENCE O	F): F): F): In the under	u	D:	Part I. 24a. WAI	AN AUTOPSY FORMED?	Interval Between Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
S	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO C. DUE TO d	O (OR AS A CONSE	EQUENCE O	F): F): In the under	u	given in	Part I. 24a. WA. PEF 1 VE	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
S	PART II. Other aignificant conditions resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 NYES 2 NO	b. DUE TO c. DUE TO d	O (OR AS A CONSE	EQUENCE O	F): F): In the under	lying couse of	given in	Part I. 24a. WA. PEF 1 VE	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL CE	resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions to the condition of the conditions of the conditi	DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 26a, DATE Of (Month, Learn)	O (OR AS A CONSE	EQUENCE O EQUENCE O TOURNER O	F): In the under OTHER: 4 Nursing IE OF 28- IURY 1	tiying couse of the state of th	given in	Part I. 24a. WAI PEF 1 YE eck only one)	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are supported by the condition of	DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 26a. DATE Of (Month, icon) be building	O(OR AS A CONSE	EQUENCE O EQUENCE O TOURNER O	F): In the under OTHER: 4 Nursing IE OF 28- IURY 1	tiying couse of the state of th	given in	Part I. 24e. WAA PEF 1	AN AUTOPSY FORMED? S 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMPLER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending trivestigated at Homicide at Could not detarmined.	DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 26a. DATE Of (Month, L) be 28a. PLACE (building)	O(OR AS A CONSE	EQUENCE O EQUENCE O TOURNCE O	F): F): In the under OTHER: 4 Nursing E OF 28- JURY M 1 street, factory,	Ilying ceuse of the state of th	given in EATH (Chi aldence	Part I. 24a. WAI PEF 1 YE Seck only one) 6 Other (Specify) 28d. DESCRIBE HO City or Town, S	AN AUTOPSY FORMED? S 2 NO W INJURY OCCUPATION IN THE PROPERTY OF THE PROPERTY	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMPLER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending trivestigated at Homicide at Could not detarmined.	DUE TO b. DUE TO c. DUE TO d. DUE TO	O(OR AS A CONSE	EQUENCE O EQUENCE O TOURNCE O	F): F): In the under OTHER: 4 Nursing E OF 28- JURY M 1 street, factory,	riying couse of the state of th	given in EATH (Chi aldence	Part I. 24a. WAI PEF 1 YE 1 YE 28d. DESCRIBE HO City or Rown, S to the cause(a) and time, data and place	AN AUTOPSY FORMED? S 2 NO W INJURY Oct set and Number tate) manner as state , and due to the	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED Or Flural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending trivestigates a Could not detarmined to conditions. 29 Accident 3 Suicide 8 Could not detarmined to conditions. 29 CERTIFIER (Check only one) MEDICAL EXAMINED AND FILE OF CERTIFIER (Check only one) The certification of the conditions of the conditions of the certification of the	DUE TO b. DUE TO c. DUE TO d	O(OR AS A CONSE	EQUENCE O EQUENCE O EQUENCE O Teaulting (F): F): In the under OTHER: 4 Nursing E OF 28- IURY M 1 street, factory, ed at the time, on, in my opini	riying couse of the state of th	EATH (Chinaldence NO	Part I. 24a. WAI PEF 1 YE 1 YE 28d. DESCRIBE HO City or Rown, S to the cause(a) and time, data and place	AN AUTOPSY FORMED? S 2 NO W INJURY Oct set and Number tate) manner as state , and due to the	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED or Rural Route Number, led.
E COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions are sequenced by the conditions of	DUE TO b. DUE TO c. DUE TO d	O(OR AS A CONSE	EQUENCE O EQUENCE O EQUENCE O Teaulting 26b. Tible IN. Jome, farm, Jome, farm, Jomes far	F): F): In the under OTHER: 4 Nursing E OF 28- JURY M 1 street, factory, ed at the time, on, in my opini	rlying couse of the place of the place of the place of the place on, death occur are place on the place of th	given in EATH (Chr aldence NO and dua and at the	Part I. 24a. WAI PEF 1 YE 1 VE 24a. WAI PEF 24b. Conly one) 25b. Conly one) 26c. LOCATION (She City or Rown, She to the cause(e) and time, data and place ABER	AN AUTOPSY FORMED? S 2 NO W INJURY Oct set and Number tate) manner as state , and due to the	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED or Rural Route Number, led.
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending trivestigates a Could not detarmined to conditions. 29 Accident 3 Suicide 8 Could not detarmined to conditions. 29 CERTIFIER (Check only one) MEDICAL EXAMINED AND FILE OF CERTIFIER (Check only one) The certification of the conditions of the conditions of the certification of the	DUE TO b. DUE TO c. DUE TO d	O(OR AS A CONSE	EQUENCE O EQUENCE O EQUENCE O Teaulting 26b. Tible IN. Jome, farm, Jome, farm, Jomes far	F): F): In the under OTHER: 4 Nursing E OF 28- JURY M 1 street, factory, ed at the time, on, in my opini	riying couse of the state of th	given in EATH (Chr aldence NO and dua and at the	Part I. 24a. WAI PEF 1 YE 1 VE 24a. WAI PEF 24b. Conly one) 25b. Conly one) 26c. LOCATION (She City or Rown, She to the cause(e) and time, data and place ABER	AN AUTOPSY FORMED? S 2 NO W INJURY Oct set and Number tate) manner as state , and due to the	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED or Rural Route Number, led.



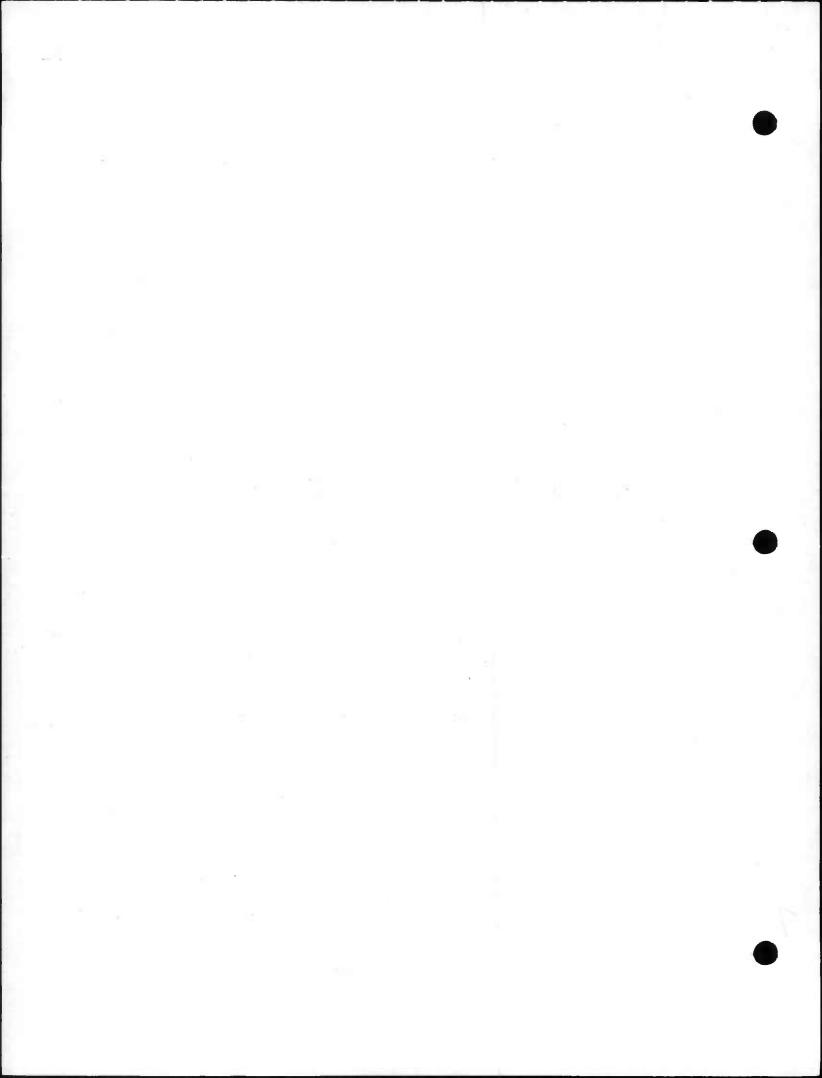
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIF	CATE OF	DEATH	REG. I	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		A YEAR	3. TIME OF DEAT	н
	Mary Agnes Dowling				Sept.	11, 190	74	10:56	P
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTI Count	HPLACE (State or Fo	reign
4	579-01-6774 1 M 2 DXF 86	YRS.			August 23				1and
~	9a. FACILITY NAME (If not institution, give street and number)			OR LOCATION OF DE		9c. COL	UNTY OF E	DEATH	
5	2710 Atlanta Drive		Silve	r Spring		Mo	ntgo	mery	
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY	f, TOWN OR LOCA	TION				10d. INSIDE CITY	
E	Maryland Montgomery	Si	ilver Sp	ring				LIMITS?	MO
	10e. STREET AND NUMBER			f. ZIP CODE		10g. Cl	TIZEN OF	WHAT COUNTRY?	NO
ER/	2710 Atlanta Drive			209	06		U.S		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S.				IIC ORIGIN? (Specify		14. RAC	E — American India	ın,
BY F	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	MO		ecify Cuban, Maxica 2 XNO Specify	n, Puerto Ricen, etc.)		Spec	ck, White, atc.	
	3 Widowed 4 Divorced			71				White	
COMPLETED	(Specify only highest grade completed)	(Give kind of w	USUAL OCCUPATI		16b. KIND OF	BUSINESS/IN	DUSTRY		
<u>"</u>	College (1-4 or 5+)	life. Do NOT us	,						
M	12 W 17. FATHER'S NAME (First, Middle, Last)	aitres	SS	1	Hote				
					ME (First, Middle, Main		-	1	
B		105 MAIL INC	ADDRESS (Stant)	Mary	Kathleer		nsel	.1a	
2					Silver S			rr1 and 20	006
			FOISPOSITION (N			LOCATION -			900
	1 \(\tilde{\mathbb{L}}\) Buriel 2 \(\tilde{\mathbb{C}}\) Cremetion 3 \(\tilde{\mathbb{R}}\) Removal from State cemetery, 4 \(\tilde{\mathbb{D}}\) Donation 5 \(\tilde{\mathbb{O}}\) Other (Specify) \(\tilde{\mathbb{M}}\) O11	crematory or of	her place!		15/94 Wa				
Щ	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ne ori	22. NAME A	ND ADDRESS OF FA	CILITY				
	R Junathy of Call		FRANC	IS J. CO	LLINS FUN	JERAL	HOME	, INC.	000
	23. PART I. Enter the diseases, or complications that caused the	M			Y BLVD.,				
	shock, or heart fallure. List only one cause on each ii IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSTITUTE OF THE PROPERTY OF THE PR	ne.						Approximating interval Be Onset and	twean
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSTITUTE OF TO (OR AS A	SEOUENCE OF):		/				
EDICAL	PART II. Other significant conditions contributing to death but no	t reaulting i	n the underlyin	g cause given in	PER	AN AUTOPSY FORMED?	246	MAILABLE PRIOR COMPLETION OF C	го
: ME	DID TODA COO LICE CONTRIBUTE TO CAL							1 YES 2 N	10
AN	DID TOBACCO USE CONTRIBUTE TO CA 25. WAS CASE REFERRED TO MEDICAL	USE OF		YES NO					
25	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient	2 🗆 204	OTHER:	/	-/				
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIME		18 5 Nesidence	28d. DESCRIBE HO	W INJURY OF	CCURED		
	1 Actural 5 Pending (Month, Day, Year)	INJ	URY WO	YES 2 NO			roones		
ВУ	2 Accident Investigation 3 Suicide s Could not be 28s. PLACE OF INJURY — At building, stc. (Specific)	home, tarm, s			28f. LOCATION (Stre		er or Rural	Route Number,	
	4 Homicide detargamed building, atc. (Specify)				City or Town, St	ato)			
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/o							s) and manner as st	ated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	2	-wu	29c. LICENSE NUN	6457	29d. DA	TE SIGNED	(Month, Day, Year),	
_	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I' A. J. DAY J. J. DAY B. J. DAY (B. J.) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	11 PR	Print)	PHILIS	PDR-Z	10,	01/	vey	
	31. DATE FILED (Month, Day, Vol.) SEP 1 1994 Julia Davidson-P	andelle				/	N	ND 208	33

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with norms after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or liem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR		OINIE OI II	AIII DANG	CERTIFI	CATE C				REG. NO.	_		
1. DECEDENT'S NAME (First				_				2. DATE OF MONTH	DEATH	NY .	YEAR	3. TIME OF OEATH
1	BLANCHI	بابا	AINE		ANS			09	02		94	21:12P M
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.		MONTHS DAY		R 24 HRS.	7. DATE OF	BIRTH Qay, Year)		8. BIRTH Counts	IPLACE (State or Foreign
219-14-5899		1 🗆 M 2 🔀 F	79	YRS.			-		9,000	914	1	WV
9a. FACILITY NAME (If not in		ŕ			96. CITY, TOV				-		JNTY OF D	
MEMORIAL HO		& MEDIC	AL CEN	TER	CUMB	EKLAN	D, M	ARYLAN	ID U	A	LLEGA	ANY
10a. STATE	10b. COUNTY			10c. CITY	TOWN OR LO	CATION						10d. INSIDE CITY
MD	Alle	gany		Cun	berla	nd						LIMITS?
10e. STREET AND NUMBER						10f. ZIP CO	DE	·				WHAT COUNTRY?
12407 McMu	llen H	Lghway				2150	2			US	A	
11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDENT FORCES? 1	EVER IN U.S.	NAMED NO.				NIC ORIGIN? (in, Puerto Ric		or No-		E — American Indien, k, White, atc.
3 X Widowed 4 Divo		IF YES, GIVE W				YES 2 XNO			ari, atc.,			white
15, DEC	EDENT'S EDUCA	ATION	18a	DECEDENT'S U	ISUAL OCCUE	ATION		105 17	IND OF BUS	INECC/IN	•	***************************************
(Specify only Elementary/Secondary (0	y highest grade o	ompleted) College (1-4 or 5 +		(Give kind of we life. Do NOT use	ork done during	most of work	sing	100. K	IND OF BUS	HNESS/IN	DUSTRY	
12	,	Oollege (1-4 0) 3 +		Clerk					Schwa	rzen	bach	's Store
17. FATHER'S NAME (First, M	iddle, Last)	-						ME (First, Mid				
James G.	. Hanli	n				_ 1	Nett:	ie L.	(Wils	son)		
190. INFORMANT'S NAME (7				19b. MAILINO			er or Rural	Route Number,	City or Town	n, State, Zi	ip Code)	
Charles R.		ck	- 1	Bedfor	d, Tex	as						
201 METHOD OF DISPOSIT	n 3 🗆 Remov	vet from State	20b. PLAC	crematory or oth	F DISPOSITION Per place)	(Name of		9/06			- City or To	
4 Donation 5 Other		NSEE 4	TOOF	Cemete		E AND ADDR	F00 OF F1		ET	K Ga	rden	, wv
1/20	, 1	R	/-	1				ral Ho	me			
1000	OH.	Dust	HOCH					Kitzmi			215	38
23. PART 1. Entar the di shock, or h	iseases, pricc aart failure. Li	emplications that ist only one cay:	caused tha	daath. Do no	ot anter tha	moda of d	ying, suc	h aa cardia	c or respi	ratory a	rrest,	Approximata interval Between
IMMEDIATE CAUSE (Fir disease or condition	naí	1	lacc.		11/1	/	7	11				Onsat and Death
resulting in death)	→		OR AS A COM	K	upp	49	1	260	(m)			
		DUE TO	OH AS A COM	SEQUENCE OF	1	110		1/10				
Sequentially list conditi		DUE TO	OR AS A CON	EDVENCE OF	mr	ME	L	1/cg				
if any, leading to imme- cause. Enter UNDERLY	NG						-					
CAUSE (Disease or injuthat initiated events		DUE TO	OR AS A CON	SEQUENCE OF	:							
resulting in death) LAS	T d.											
PART II. Other significa	nt/conditiona	contended to	daath but no	t rasuiting in	the under	ving cause	aiven in	Part i. 2	4s. WAS AN	ALITOPSY	246	. WERE AUTOPSY FINDINGS
	Lmy	Kenel	69	1	lectuo	201	01)	PERFOR	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	VII		Just	1		1	V	- '	YES 2	700		OF DEATH?
DID TOBACC	O USE C	ONTRIBUTE	TO CA	USE OF	DEATH	YES [7 NO					1 YES 2 NO
25. WAS CASE REFERRED TO	O MEDICAL				28	. PLACE OF						
EXAMINER? 1 YES 2 NO		HOSPITAL: 1 inpatient 2	ER/Outpatient		OTHER:	Home 5 🗆 F	Residence	6 Other /S	Specify)			
27. MANNER OF DEATH	-	28a. DATE OF (Month, Da		26b. TIME	OF 28c.	INJURY AT WORK?		_	IBE HOW IN	NJURY OC	CURED	
	Pending Investigation		,, (60.)	,,,,,,		YES 2	□ NO					
3 Sulcida 6	Could not ba	28s. PLACE Of building,	INJURY — A1 Mc. (Specify)	home, tarm, at	reel, tectory, o	office		281. LOCATI	ON (Street a Town, State)	nd Numbe	or or Rural F	Routa Number,
4 Homicide	determined								/			
	IFYING PHYSICI	AN: To the best of	my knowledge,	death occurred	d at the time,	data and plac	a, and dua	to the cause	(a) and man	ner se ati	ited.	
one) 2 MEDI	CAL EXAMINER	On the basis of ex	amination and/	or Investigation	, in my opinio	n, death occi	ared at the	time, date an	d place, en	d due 1o 1	ha ceuse(s	a) and manner ee stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	111				29c. LIC	ENSE NUI	MREN		25d. DA	TE SIGNED	Money Bay Yours
	/	pc)		1772		D	19318	В		•	9/	6/94
30. NAME AND ADDRESS OF	M/										1	/ /
DR. N. RANJ	ITHAN,			D., CUI	MBERLA	ND, M	D	21502			. Y	
31. DATE FILED (ASONTH DON)	1994	32. REGISTRAI	SIGNATURE CONTRACTOR	late							•	

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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S	After	eath
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained I	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	D Ja
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the hospital or attending physician.

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94 28674 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Thomas Leonard Emerson 9/18/94 1315 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign 1 M 2 D F DAYS HOURS 219-16-2228 83 YRS. Maryland Jan. 13-1911 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Calvert Memorial Hospital Prince Frederick Calvert RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Calvert Sunderland 1 TYES 2 K NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7046 Kent Road 20689 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cubsn, Maxican, Puarlo Rican, etc.)

1 YES 2 NO Specify: RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: Black BY 3 🛣 Widowed 4 🔲 Divorced ETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 0 - 4Labor 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Thomas Emerson Rebecca Hicks BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Elizabeth Holloway 7046 Kent Road Sunderland, Md 20689 20a. METHOD OF DISPOSITION
1 Disposition 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Mt. Hope Church Cem. Donation 5 - Other (Specify) 9/22/94 Sunderland, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Sewell Funeral Home Spencer 20 1451 Dares Beach Rd. Prince Frederick, Md 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate ehock, or heert fellure. List only one ceuse on each line. interval Between **IMMEDIATE CAUSE (Fine)** Onset and Death Emboli disease or condition 4 Among resulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) thet initiated events reaulting in deeth) LAST

		_									
PART II.	Other eignif	icent	conditions	contributing	to death he	it not co	author le	a diam	underhalen		e given in Pert
	1		F	57.00			/		/		0 1
	06	10	1C	020	Mich	クリル		ارام	14400	M	2/zeas
						7 . 00	_	. 0 1	000-0		0-1 12-00

24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 4 NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN

EXAMINER?		E UP DEATH (Chec		
	HOSPITAL: 1 Inputtent 2 ER/Outpatient 3	DOA 4 No	R: Insing Home 5 - Residence	6 Other (Specify)
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW
1 Partural 5 Pending	(Month, Day, Year)	INJURY	WORK?	

Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, atc. (Specify) 3 Suicide 6 Could not be

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

D-25435

INJURY OCCURED

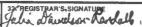
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and pleca, and due to the cause(a) and manner as stated,

2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

ma thems 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Mukesh Mathur, M.D. 110 Hospital Rd Prince Frederick, MD 20678

31. DATE FILED (Month, Day, Year) SEP 2 0 1994



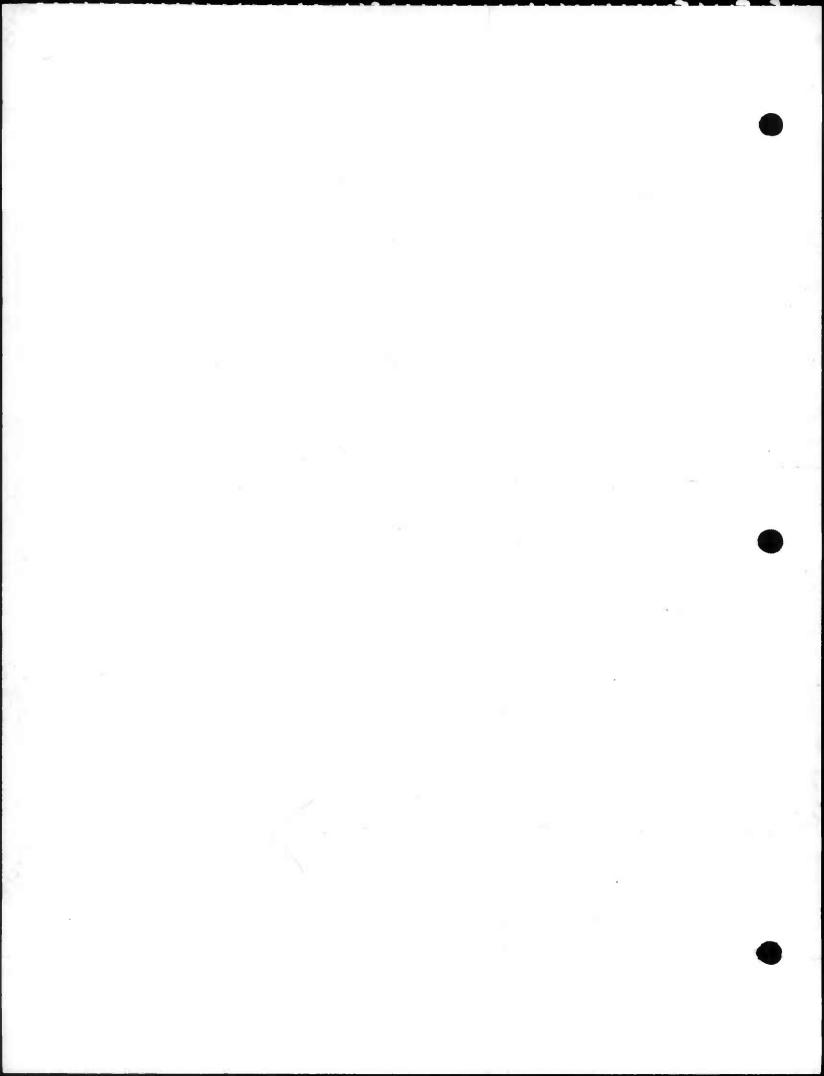
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DIVISION OF VILAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	
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	1 - STATE REGISTRAR	STATE OF MAR			CATE C				GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)			4	1	,		2. DATE OF DE	ATH	Time 2	3. TIME OF DEATH
	Thomas &	-Imer		Ec	tmon	ston	JE	Septemb	er 09	19 QU	2-Z-30 PM
		SEX 6. A	GE (In yrs. last	birthday)	IF UNDER 1 YE	AR IF UNDE	24 HRS.	7. DATE OF BIF (Month, Day,		a, BIRT	HPLACE (State or Foreign
	577-10-7719	X M 2 □ F	83	YRS.	MONTHS DA	HOURS	MIN.	Septem	her 15	Was	hington, DC
	9a. FACILITY NAME (If not institution, give street	t and number)			9b. CITY, TOV	VN OR LOCATI	ON OF DE			DUNTY OF I	
FUNERAL DIRECTOR	Shady Grove Ho	spital			Rock	ville			Me	ontgo	mery
Ä	10e. STATE 10b. COUNTY			10c, CITY	TOWN OR LO	CATION					10d. INSIDE CITY
<u>=</u>	Maryland Mont	gomery		Ga	ithers	burg					LIMITS?
AL	10e. STREET AND NUMBER					10f. ZIP COD	E		10g. (TIZEN OF	WHAT COUNTRY?
H	9500 Ash Hollow	Place					208	79	1	J.S.A	•
5		2. WAS DECEDENT EVE	R IN U.S. ARI	MED				HC ORIGIN? (Spe		- 14. RAC	E — American Indian,
ВУ	1 Never Married 2 Married 3 XWidowed 4 Divorced	FORCES? 1 X Y	R DATES	o		YES 2 NO		n, Puerto Rican,	etc.)	Spec	ck, White, etc.
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囯	15. DECEDENT'S EDUCAT. (Specify only highest grade con	ION npleted)	(Gh	ve kind of w	JSUAL OCCUP ork done during	ATION most of worki	ng	16b. KIND	OF BUSINESS	INDUSTRY	
۳	Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT use							
₽		2	Sal	espe	rson			Ret	ail		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NA	ME (First, Middle,	Malden Surname	9)	
띪	Thomas Elmer	Edmo	nston.	Sr.		He.	lena	Gert	rude		ell
0	19a. INFORMANT'S NAME (Type/Print)							Route Number, City			
		ston, III	12		ristop		ay,				21921
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remova	from State	20b. PLACE A cemetery, crer	ND DATE O	FDISPOSITION	(Name of		DATE	20c. LOCATION	— City or To	own, Stata
	4 Donation 5 Other (Specify)		Mount	: 01i				/13/94	Washing	gton,	DC
	21. SIGNATURE OF TONEHAL SERVICE LICENS	SEE S	0 /	2	FRAN	CTS J	SS OF FA	CILITY	INERAL.	HOME	. INC.
	David	H. 16	all	/	500	UNIVE	RSIT	Y BLVD.	, W.,	SIL.	SP., MD 2090
	23. PART i. Entsr ths diseases, or com-	pilications that cau	aed the dea	ath. Do no	ot snter ths	mode of dy	ing, suc	h sa cardiac p	r reapiratory	srrest,	Approximats
	ahock, or heart failurs. List	t Dniv Dne cause o									
	IMMEDIATE CAUSE (Final		n each Has.								intsrval Between Onset and Death
	iMMEDIATE CAUSE (Finsi disease or condition	META	STA-TI		LU		C				Onset and Death
		META DUE TO (OR A	STAT	IC			C	ANC			
NO	disease or condition resulting in death)	META	STAT	IC			C				Onset and Death
TION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediats	META	STA-TI	UENCE OF):		C				Onset and Death
ICATION	disease or condition resulting in death) Sequentially list conditions,	DUE TO (OR A	STA-TI	UENCE OF): :		C				Onset and Death
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AL CERTIFICATION	Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST PART II. Other significant conditions of	DUE TO (OR A	STATI	UENCE OF	:	NG		ANC			Onset and Death
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32. GEGISTRAR'S SIGNATURE

3 1994

12+



TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year) SEP 2 0 1994

20. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020

1 - STATE REGISTRAR		MARTLAND			TE OF		ГН	WEIGHT.	REG. NO.	_		
1. DECEDENT'S NAME (First, Middle, Last) Elizabeth	Cecel	ia.	F	ole	У				of DEATH ptember	ž 20,	YEAR 1994	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	last birthday)		DER 1 YEAR	IF UNDER		7. DATE	OF BIRTH		8. BIRTHPL	ACE (State or Foreign
215 36 3611	1 □ M 2 🔀 F	56	YRS.	MONTH	IS DAYS	HOURS	MIN.	Marc	h 26 1	938	Wash	ington DC
9a. FACILITY NAME (If not institution, give	,		_	9b. C	ITY, TOWN O	R LOCATI	ON OF DE	ATH			TY OF DEA	
12633 Calvert Co	ırt			I	Lusby					Ca.	lvert	
RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT	Y		10c CIT	y TOW	N OR LOCAT	ION						0d. INSIDE CITY
Maryland Calve	ert		02	ısby		1011						LIMITS?
10e. STREET AND NUMBER		-				. ZIP COD	E			10a, CITIZ		AT COUNTRY?
12633 Calvert Co	ırt				2	20657	7					States
11. MARITAL STATUS	12. WAS DECEDEN				13. WAS DEC	ENDENT (OF HISPAN	IIC ORIGI	N? (Specify Yas	or No-	14. RACE -	- American Indian,
1 Never Married 2 Married	FORCES? 1	YES 2 X	₫ио		If yes, spe				Rican, etc.)		Bleck, \	White, alc.
3 Widowed 4 Divorced											W	hite
15. DECEDENT'S EDU (Specify only highest grad	CATION completed)		(Give kind of	work do	OCCUPATION TO STATE OF THE STAT	N st of workir	ng	160	b. KIND OF BUS	INESS/INDI	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	We. Do NOT us		•				la	1		
12			homen	nake	er					emake:		
17. FATHER'S NAME (First, Middle, Last) John Lewis Coke	r Jr.					18. MOTA L1	HER'S NAI	me (Flost, an Lu	Middle, Majden : UCITIE	Lamk	in	
198. INFORMANT'S NAME (Type/Print) William E. Foley			196. MAILING Same	as	#10	nd Number	or Rural F	Route Num	ber, City or Town	n, State, Zip	Code)	
20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 💢 Cremalion 3 ☐ Ren	ount from Ctate	20b. PLAC	E AND DATE	OF DISP	POSITION (Na	me of	9/	204	20c. LOC	CATION — C	Olfy or Town	ı, Stela
4 Donallon 5 Other (Specify)	TOWN TIOM Stara	Metr	copoli	tar	i"Fune	eral	Serv	rice	Alex	kandr.	ia Vi	rginia
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			1	22. NAME AN	D ADDRE	SS OF FAC	CILITY	Rausc	h Fu	neral	Home
> DKOUL	DROUDCH 4405 Broomes Is. Rd. POrt Republic Maryland											
23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate										_		
23. PART I. Entar the diseases, Dr ahock, or heart failure.	complications the	it caused tha d	death. Do r					h as can	diac or respir	ratory arre		
ahock, or haart failura. IMMEDIATE CAUSE (Final	List only one cau	ise Dn aach lli	na.	not ani	ter the mod	da of dy	ing, sucl	h as can	diac or respir	ratory arre		Approximate interval Between Onset and Daath
ahock, or haart failura. IMMEDIATE CAUSE (Final	List only one cau	ise Dn aach lli	na.	not ani	ter the mod	da of dy	ing, sucl	h as can	diac or respir	ratory arre		intarval Between
ahock, or haart failura. IMMEDIATE CAUSE (Final	a. BRAI	OR AS A CONS	D LEOUENCE O	not and	ter the mod	da of dy	ing, sucl	h as can	diac or respir	ratory arre		interval Between Onset and Daath
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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(hours after death. Page 6 may be retained by the hospital or attending physician. It 2, 3 to do completely filled in by the funeral director, page 5 should be detached for use as the burial-train commendation, or removal.	
020	physician burial-tra	
BALTIMORE, MARYLAND 21215-0020	couted within. Flours after death. Page 6 may be retained by the hospital or attending physician of completely filled in by the funeral director, page 5 should be detached for use as the buriat-transunial, cremation, or removal.	
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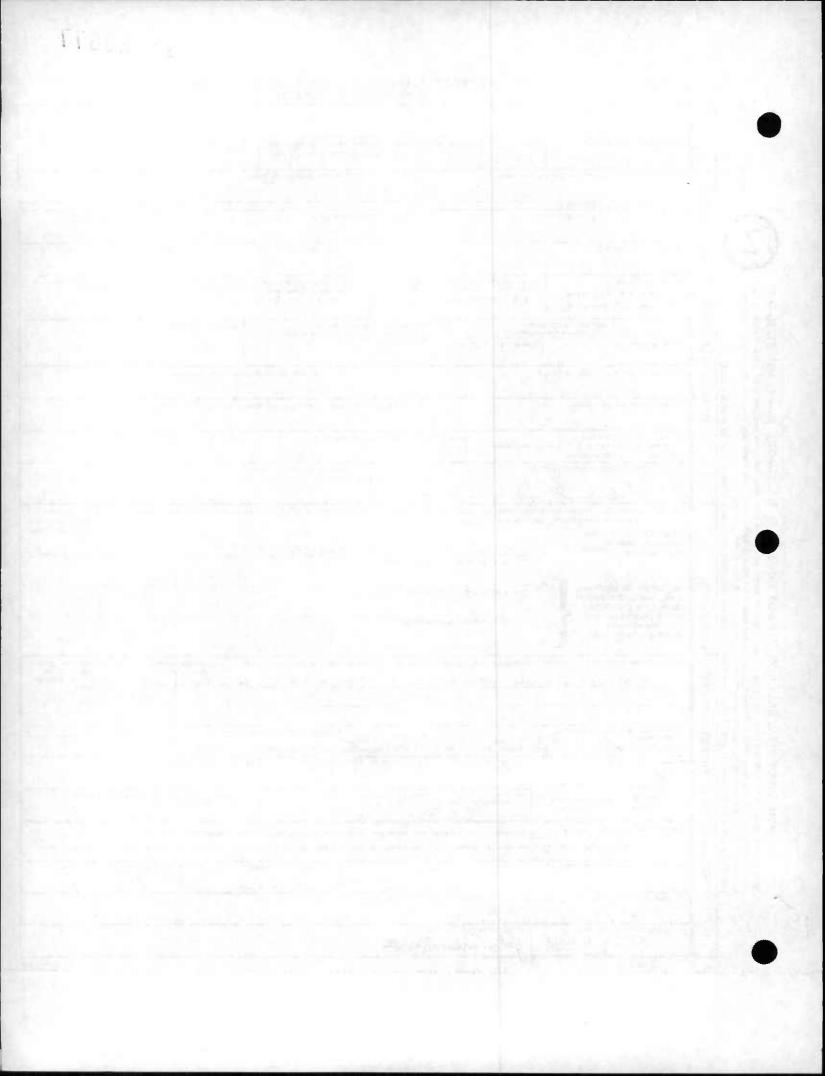
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. —hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 687604

FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REGISTRAR	CERTIFICATE OF DEATH REG. NO.

	1 - FOR STATE REGISTRAR	TE OF MARY	LAND / DEPAR CERTIF					MENTAL	HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O	F DEATH DA		WEAR	3. TIME OF DE	ATH
	Florence Elisabeth	Fay								8, 19	94	8:30	Рм
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AG	E (In yrs. last birthday)	IF UNDER		IF UNDER		7. DATE OF	BIRTH Day, Year)		8. BIRTHI	PLACE (State or	Foreign
	212-74-5375	4 2 🔀 F	93 YRS.	MONTHS	DAY8	HOURS	MIN.	March		01 N		York	
DIRECTOR	Se. FACILITY NAME (If not institution, give street and	number)		9b, CITY	, TOWN	OR LOCATIO				9c. COUNT			
	Carriage Hill Nursing	g Center		Sil	ver	Spri	ng			Mor	itgo	mery	
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		I 40. 00	Y. TOWN									
<u>E</u>					7/1							10d. INSIDE C	
	Maryland Montgome	егу	51	lver	_	. IIIg				40. 01717		1 YES 2	
RA	Sec. at Sec. M. Sec. Market St.				101	2091					S.A.	HAI COUNTRY	7
FUNERAL	1201 Noyes Drive	S DECEDENT EVE	DAVIS ADMED	Lan	WW 0 050				40				
BY FU	1 Never Married 2 Married FO	RCES? 1 NY YES, GIVE WAR OF	S 2 NO		If yes, sp		n, Mexica	IIC ORIGIN? n, Puerto Ric y:		or No-	Specif		idlen,
	15. DECEDENT'S EDUCATION		16a. DECEDENT'S	USUAL O	CCUPATIO	ON		18b. K	IND OF BUS	SINESS/INDU		hite	
COMPLETED	(Specify only highest grade complete Elementary/Secondary (0-12) Colleg	id) ie (1-4 or 5 +)	(Give kind of life. Do NOT u	work done	during mo	st of working	g						- 10
P	12	Ja (1-4 01 5 4)	Housewi	fe									
No.	17. FATHER'S NAME (First, Middle, Last)		noabewa			18. MOTI	HER'S NA	ME (First, Mic	idle, Maiden	Surname)			
Ш	Ernest A	Schaffe	er				rie			Brant			
0	19a. INFORMANT'S NAME (Type/Print)			ADDRES	S (Street a	and Number	or Rural I	Route Number	City or Town	n, State, Zip (Code)		
2	Barbara F. Backstrom		712 Ri									land 2	0910
	20a. METHOD OF DISPOSITION 1 Burial 2 A Cremation 3 Removal from		206. PLACE AND DATE					OATE		CATION - C			
	1 Burial 2 12 Cremation 3 Removal from 4 Donation 5 Sther (Specify)		emetery, cremetory or d letropolit	ther place	rema	atory		19/94	Alex	kandri	ia.V	irgini	а
	21. SIGNATURE OF AGNIFICAL SERVICE-LICENSEE	1		22.	NAME A	ND AOORE	SS OF FA	CILITY					
	MH 13 K							llins					
	23. PART I. Enter the diseases, or compile	ations that saw	and the death De									, MD 20	
	shock, or heart fellure. List on IMMEDIATE CAUSE (Final disease or condition resulting in death)	arai	n asch line. WOWE S A CONSEQUENCE O	Be								Interval	Between and Death
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING		S A CONSEQUENCE O										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE O	F):									
0	PART II. Other aignificent conditions contr	ibuting to deati	but not resulting	in the u	nderivin	g couse o	olven in	Part I. 2	4a. WAS AN	ALITOPSY	24b.	WERE AUTOPS	FINDINGS
S	degoueration	o are	Jane 1	in	in			sur.				AVAILABLE PRICOMPLETION C	OR TO
MEDI	- Joseph	- //	1-00		-	1	-		YES 2	LIMO		OF DEATH?	/
Σ								_				1 YES 2	₫ NO
A	25. WAS CASE REFERRED TO MEDICAL				26 PI	ACE OF D	EATH (Ch	eck only one)					
22	EXAMINER? HOS	PITAL:	utpetient 3 🗆 DOA	OTHE	D.								
PHYSICIAN:		Ba. DATE OF INJUR			_	URY AT	sidence	8 Other (NJURY OCC	IBED		
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea	r) IN	JURY M	1 🗆	YES 2] NO						
ETED	3 Suicide 6 Could not be determined	building, etc. (S	IRY — At home, farm, pecify)	street, fac	tory, offic	•		28f. LOCAT City or	TON (Street a Town, State)	and Number o	or Rural R	oute Number,	
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To MEDICAL EXAMINER: On the) and menner a	e stated.
	20% GIGNATURE AND TITLE OF CERTIFIER?	1		_		29c, LICI	ENSE NUI	WBER		29d, DATE	SIGNED	(Month, Day, Ye	erl
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMP	en	show	1 1	ung.	D	121	121		19	1-9	-94	
						7.71		16	1	1 200	06 /	700	
	George F. Sengstack,	M.D.		ara l	Jr1v	e Wh	ieato	on, Mai	ryran	a 209	υb-4	709	
	SEP 1 2 1994	Julia Davis	bon-Pandall										
	0 m 7 1007												1-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending program.	filled in by the funeral director, page 5 should be detached for use as the burns was permitted 1, 2, 3 should on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending prince and the hospital or attending prince and the hospital or attending prince and the hospital or attending prince and the hospital or attending prince and the hospital or attending prince and the hospital or attending prince and the hospital or attending prince and the hospital or attending prince and the hospital or attending prince and the hospital princ	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2 MEDICAL EXAMINER: On th

SEP 20 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

200

32. REGISTRAR'S SIGNATURE
Jalia Davilson Revell

SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILEO (Month, Day, Year)

BE 2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Lagt) 2. DATE OF DEATH DAY 3. TIME OF DEATH Louise Greer 7.35 LOUIS REER 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 1 - M 2 - X 219-54-8307 80 April Maryland 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR KINTON MINEE HOSPITAL GEDALE 10b. COUNTY 10c. CITY, TOWN OR LOCATION INSIDE CITY Maryland Charles Waldorf 1 TES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3030 D October Place 20602 U.S.A. 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 THO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Mexican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 NO Specify: В Specify: 3 Wildowed 4 Divorced Black. ETED 15. DECEDENT'S EDUCATION 18e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KINO OF BUSINESS/INDUSTRY (Specify only highes Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 4 Homemaker N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE Thompson Frank Nannie Hawkins 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary Bush Same as 20a. METHOD OF DISPOSITION
1 X Burlai 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 4 Donation 5 Other (Specify) Charles 1994 Glymont, Maryland Cemetery Sept 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADORESS OF FACILITY
Williams Funeral Home P.A. M00668 Rt. 225 & Glymont Rd., Maryland 20640 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory errest, shock, or heart feilure. List only one cause on each line. Approximate interval Batween IMMEDIATE CAUSE (Fine) Onaat and Death diseese or condition resulting in deeth) BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury TO JOR AS A CON that initieted events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: EXAMINER? OTHER 1 TES 2 NO Innetient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO 1 Netural 5 Pending Investigation 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my kno riedge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

29c.\LICENSE NUMBER

ANENUS

BRANCH

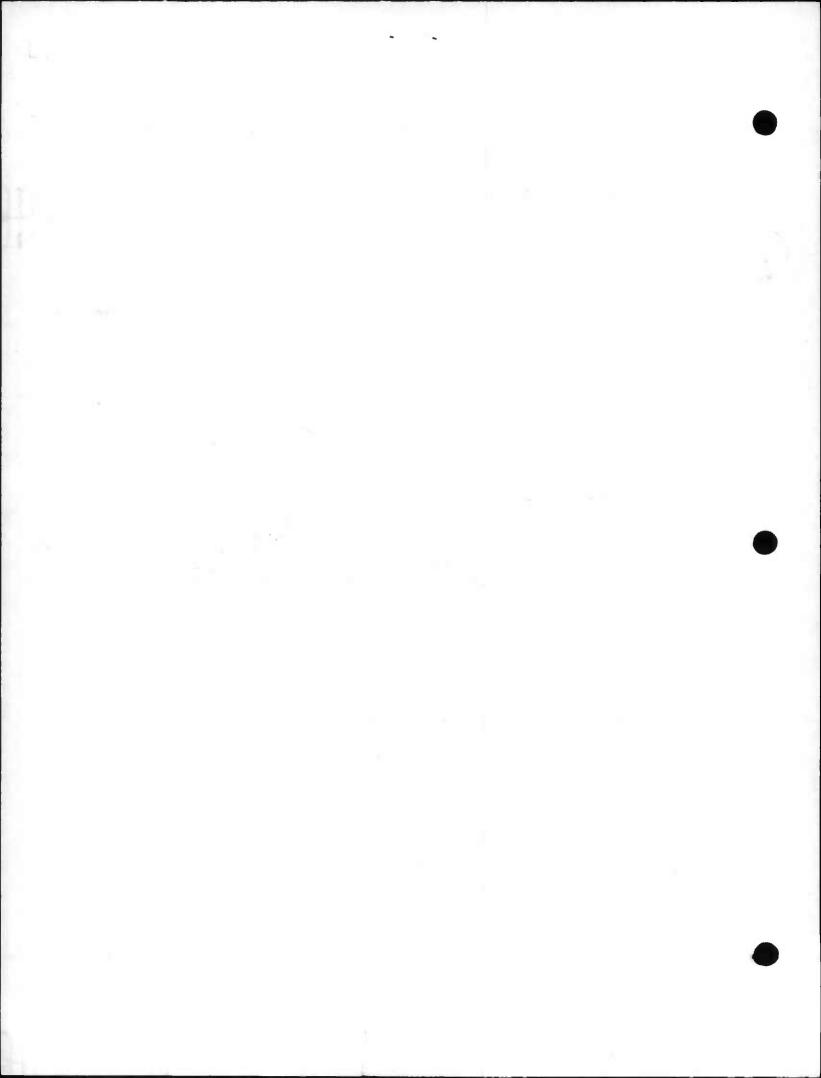
OHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day)

NOIN

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MARN



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	rilled in by the funeral director, page 5 should be detached for use as the burial-frametion, or removal.	tic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriafirament be filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			MENTAL HYGIEN REG. NO.	E								
1. DECEDENT'S NAME (First, Middle, La	st)		15.1		2. DATE OF DEATH MONTH DA	(Y Y	3. TIME OF DEATH							
Joshua 4. SOCIAL SECURITY NUMBER					Sept. 12									
577-28-3034			IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	Oct. 9, 1	919	BIRTHPLACE (State or Foreign Country) Maryland							
9a. FACILITY NAME (If not institution, git				OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH							
7057 Catalpa			Fre	derick		Fre	ederick							
10a. STATE 10b. COU			reder				10d. INSIDE CITY LIMITS? 1 YES 2 NO							
10e. STREET AND NUMBER 7057 Catalpa	Road		1	of. ZIP CODE 21701	- 1001		of what country?							
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	s ZONO	If yes,	ECENDENT OF HISPA specify Cuban, Maxic S 2 NO Speci	UNIC ORIGIN? (Specify Yea an, Puarto Rican, etc.)	or No 14	RACE — American Indian, Black, White, atc. Specify: White							
15. DECEDENT'S E (Specify only highest gr	DUCATION adds completed)	16a. DECEOENT'S U	SUAL OCCUPAT		16b. KIND OF BU	SINESS/INDUS	TRY							
Elementary/Secondary (0-12) 9th	College (1-4 or 5+)	owner-P	aul G	ue & So:	ns Cust	om Ho	ome Building							
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Middle, Maiden	Surname)	Note: Link							
William Ric	hard Gue			Geor	rge Edna Burns									
19a. INFORMANT'S NAME (Type/Print) Rosalie B. Gue 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7057 Catalpa Road, Frederick, Ma.														
21. SIGNATURE OF FUNERAL SERVICE DYLLT 22. PART V Ener the diseases,	William	~	22. NAME 01i: 264	n L. Mo	lesworth, e Rd.,Dam	P.A.	on, Marylan ,,Funeral H s, Maryland							
immediate Cause (Final disease or condition resulting in death)	a. List only one cause on	aach lina.	non	whi G		Teloty arrea	Interval Between Onset and Deati							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Due TO (OR AS A CONSEQUENCE OF): c. Due TO (OR AS A CONSEQUENCE OF):														
that initiated evants	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO													
that initiated evants resulting in death) LAST					OF MAN AND STEEDING TO MEDICAL									
that initiated evants resulting in death) LAST			24	PLACE OF DEATH #	hack only one!									
PART II. Other significant conditions to the condition of the conditions of the cond	HOSPITAL:		OTHER:	PLACE OF DEATH (C										
PART II. Other significant conditions to the condition of		ripstient 3 🗆 DOA	OTHER: 4 Nursing Ho OF 28c. II	ome 5 Residence NJURY AT VORK?	heck only one) 6 Other (Specify) 28d. OE\$CRIBE HOW	NJURY OCCUP	RED							
PART II. Other significant conditions to the condition of	HOSPITAL: 1 Inpetient 2 ER/Oc 28a. DATE OF INJURY (Month, Day, Year) be 28e. PLACE OF INJURY building, etc. (%	Y 26b. TIME INJU	OTHER: 4 Nursing Ho OF 28c. II IRY 1	ome 5 Residence NJURY AT VORK? YES 2 NO	6 Other (Specify)									

11801 Fingerboard Road, Monrovia,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

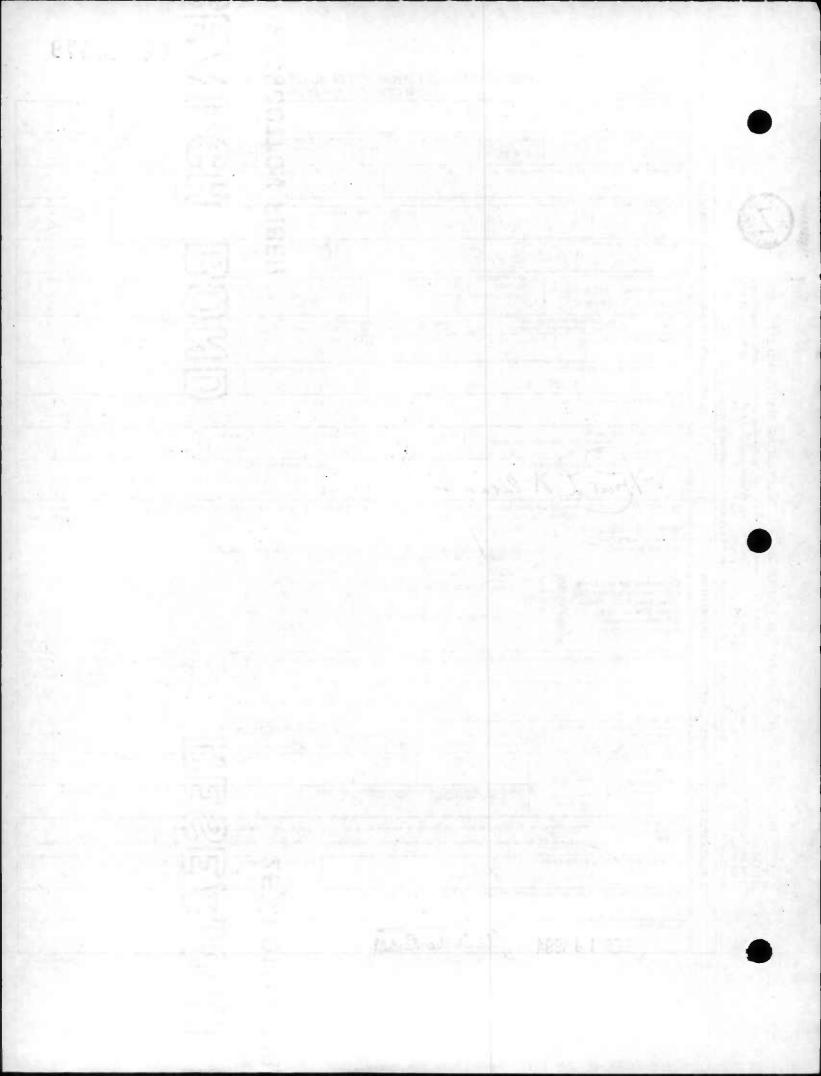
32. REGISTRAR'S SIGNATURE

Arthur G. Manalo,
31. DATE FILED (Month, Day, Year) 32. RE

DHMH-16 Rev 1/89

21770

Maryland



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	C	ERTIFI	CATE O	F DEATH		REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	MY	YEAR	3. TIME OF D	DEATH
	Barbara Jean		Gra	nn <i>a</i> n			rust.	9 94		6:08	РМ
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. la		IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE	OF BIRTH		6. BIRT	HPLACE (State	
	373-20-6828 1 M 2 T F 9a. FACILITY NAME (if not institution, give street and number)	67	YRS.	MONTHS DAY	N OR LOCATION OF D	Mar	. 26, 1		Mic	higar	1
TOR	Memorial Hospital				ton	EATH			albo		
ည္	10a. STATE 10b. COUNTY		10c CITY	, TOWN OR LO	CATION					10d. INSIDE	AITV
DIR	Maryland Queen Anno	e's	1 -	ester						1 TYES >	ON []
FUNERAL DIRECTOR	10. STREET AND NUMBER 12 J Queen Anne Way				21619		10g. CITIZEN OF				Y7
BY FUN	1 Never Married 2 N/ Married FORCES?	NT EVER IN U.S. AI 1 YES 2 WAR OR DATES		It yes,	DECENDENT OF HISPA apacify Cuban, Maxic (ES 2 1 NO Speci	an, Pusrto I		s or No—	Blac	ACE — American Indian, lack, Whita, atc.	
	15. DECEDENT'S EDUCATION	16s. D	ECEDENT'S	USUAL OCCUP	TION	16b	KIND OF BU	SINESS/INC	DUSTRY		
COMPLETED	(Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5	III.	 Do NOT use 	ork done during s retired.) State Secre	most of working		Coher	1 & E	Dack	man,	Attny
0	17. FATHER'S NAME (First, Middle, Last)	000	, 4, 4, 2	DCCIC	18. MOTHER'S N	AME (First, I	Aiddle, Maider	Surname)			
BE C	Kenneth Sheldon				Jean	Mor	row				
2	19a. INFORMANT'S NAME (Type/Print) Patricia Connatser	19			et and Number or Rural Neck Rd					1d.216	19
	20a. METHOD OF DISPOSITION 1 □ Burlel 2 ☑ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)	cemetery, cr	ematory or oti		Aug	. 13	20c. Lo	ocation –	City or T	own, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	- Met	ro C	remat	AND ADDRESS OF F	ACILITY		Ba	ILLI	more.	Md.
	* Kuk of Jelfens	lein		Tom	Helfenk Shamro	oein					A.
		LDS1S	a.		moda of dying, suc	ch as card	liac or raap	iratory ari	rest,		ximata ni Between and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of):										ays
ျ	PART II. Other aignificant conditions contributing t	o death but not	reaulting is	n the underly	ring cause given in	Parti	24a, WAS AF	AUTORCY	T 241	b. WERE AUTOPS	V EINFINCE
PHYSICIAN: MEDICAL					ing oddae givan ii		PERFO	RMED?	241	AVAILABLE PF COMPLETION OF DEATN?	DF CAUSE
¥	25. WAS CASE REFERRED TO MEDICAL			28	PLACE OF DEATH (C	hack only on	-1				
딣	EXAMINER? 1 VYES 2 NO 1 VInpetiant 2	☐ ER/Outpatient :	2 🗆 DOA	OTHER:	0/4						
ΞH	27. MANNER OF DEATH 28a. DATE O		28b. TIME		ome 5 Rasidencs	7	CRIBE HOW	IN ILIEN OC	CURED		
BY PI	1 Natural 5 Pending (Month, 2 Accident Investigation	Day, Year)	INJU	JRY M 1 [WORK? YES 2 NO	200. 02.	IONIDE NOW		CONED		
	3 Sulcide 8 Could not be datarmined 8 Could not be datarmined 28e. PLACE OF INJURY — At home, farm, street, factory, offics building, stc. (Specify)						281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29e. CERTIFIER (Check only one) 1 T CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the basis of									a) and menner	ss stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, M					(nar)	
BE	SOMMAN!							▶ .			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	JSE OF DEATH (ITE	ЕМ 27) (Туре,	Print)	_L_D46020			A1	1g.	10 19	994
	Syed I. Ali M.D. 50	6 Idlewi	ld Av	e. Ea	ston Md	l. 21	601			_	
	31. DATE FILED (Month, Day, Year) 32. REGISTER 1994 4	AR'S SIGNATURE									
		4 had a	ALTERNATION OF THE PARTY OF	THE RESERVE							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mounts after death. Page 6 may be retained by the inspection.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. De filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21215-0020	ifter death. Page 6 may be retained by the hospital or attending physician	the funeral director, page 5 should be detached for use as the bunal-transit bern
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ALTIMORE,	leath. Page 6 may be	funeral director, page
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	1

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT				MENTA		E	End 40 -
	1. DECEDENT'S NAME (First, Middle, Last)			-nin	IOAIL	- Or	DEA	10	DATE	REG. NO.		3. TIME OF DEATH
	FICENE EDWAR	T		NNAN					AU	GUST .		3. TIME OF DEATH 994 2:14 P M
	4. SOCIAL SECURITY NUMBER 213-20-1923	5. SEX	8. AGE (In yrs. les	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	9 24 HRS. MIN.	(Mont	of BIRTH th, Day, Year) y 21,	- 1	BIRTHPLACE (State or Foreign Country) Maryland
	9a. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY	TOWN C	OR LOCATI	ION OF DE		y 21,		TY OF DEATH
DIRECTOR	Easton Memoria	l Hospi	ital		E	ast	on				Та	lbot
EC	10e. STATE 10b. COUNTY	1		10c. CIT	TY, TOWN C	OR LOCAT	ION					10d. INSIDE CITY
L DIR	Maryland Ouee	n Anne	s	Cl	hest		200					1 TYES TO NO
FUNERAL	12 J Queen Ann	e Way				101	21 (€ 619				EN OF WHAT COUNTRY? U.S.A.
5	11. MARITAL STATUS	12. WAS DECEDEN	NT EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT C	OF HISPAN	IIC ORIGII	N? (Specify Yee Rican, etc.)	or No— 1	14. RACE — American Indien, Black, White, etc.
B∀	1 Never Merried 2 Merried 3 VWidowed 4 Divorced		WAR OR DATES				2 X NO			Mican, etc.)		Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	CATION	(Gi		Work done (se retired.)			ng	166	b. KINO OF BUS	SINESS/INDU	STRY
7	1 2	Consta (or -	1	Eng:	inee	r			B	Baltim	ore	County
S S	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NAI		Middle, Maiden		councy
BE C	John Charles G	rannan						у М.				
TO B	19e. INFORMANT'S NAME (Type/Print)									ber, City or Town		
F	Mrs. Patricia	Connats	ser 2	911	Сох	Ne	ck I	Rd.	Eas	t, Ch	este:	r, Md. 21619
	20e. METHOD OF DISPOSITION 1	oval from Stafe	20b. PLACE A					ug.1				imore, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE OLS	1/	1	H	elf	enbe	ein	Fun	eral	Home	s, P.A. er, Md. 2161
	23. PART i. Enter the diseases, or o	complications the	It caused the de	eath. Do	not entar	tha mo	da of dy	Ing, such	h as can	diac or raspi	ratory arrai	at, Approximata
	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	Liat oni Kona cau	in 2 [-	1.								interval Batween Oneat and Death
	resulting in death)	DUE TO	O OR AS A CONSEC	DUENCE O	F):							1/2 208
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	DUENCE O	F):							Y PINC>.
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	с										
#	that initiated evants	DUE TO	OR AS A CONSEC	DUENCE O	F):							
SER		d							_			
	PART II. Other algorificant condition	a contributing to	death but not r	eauiting	In the un	ideriying	cause	givan in i	Part i.	24a. WAS AN PERFOR		
PHYSICIAN: MEDICA	HYPRIL.	TRNSII	13 15	MEI		7+1	100	142		1 TYES 2	5 1	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
ME	7									/		1 TYES 2 THO
ä	DID TOBACCO USE CONTI	RIBUTE TO CA			ES 🗆 I		UNC	ERTAIN	۷ 🗆			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:			TH (Check							
IXSI	1 TYES 2 NO	1 Inpatient 2	ER/Outpetient 3		4 🗆 Nun	sing Home		esidence i				
ву РН	27. MANNER OF DEATH 1 Vetural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D		28b. TIM	URY		URY AT PRK? PES 2] NO	28d. DES	ŞCRIBE HOW II	NJURY OCCU	/RED
COMPLETED E	3 Suicide 6 Could not be determined	28e. PLACE O building,	OF INJURY — At hor, atc. (Specify)	me, ferm,	atreet, fect	ory, office	Þ			CATION (Street a or Town, State)	and Number of	r Rural Routa Number,
'n	29e. CERTIFIER CERTIFYING PHYSI	CIAN: To the best of	f my knowledge, de	ath occurr	and at the f	me date	and place	and due	to the ce	···so/o) and mer	so stated	
MA												couse(e) end manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER							ENSE NUM				SIGNED (Month, Day, Year)
TO BE	C. K	W. B	du	T	D			>02		١	DATE:	8 15/914
		701	SE OF DEATH (ITER	-			Jr C	10/	-		-	01014

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

C. R. W P.A. N, 4 15 Enst

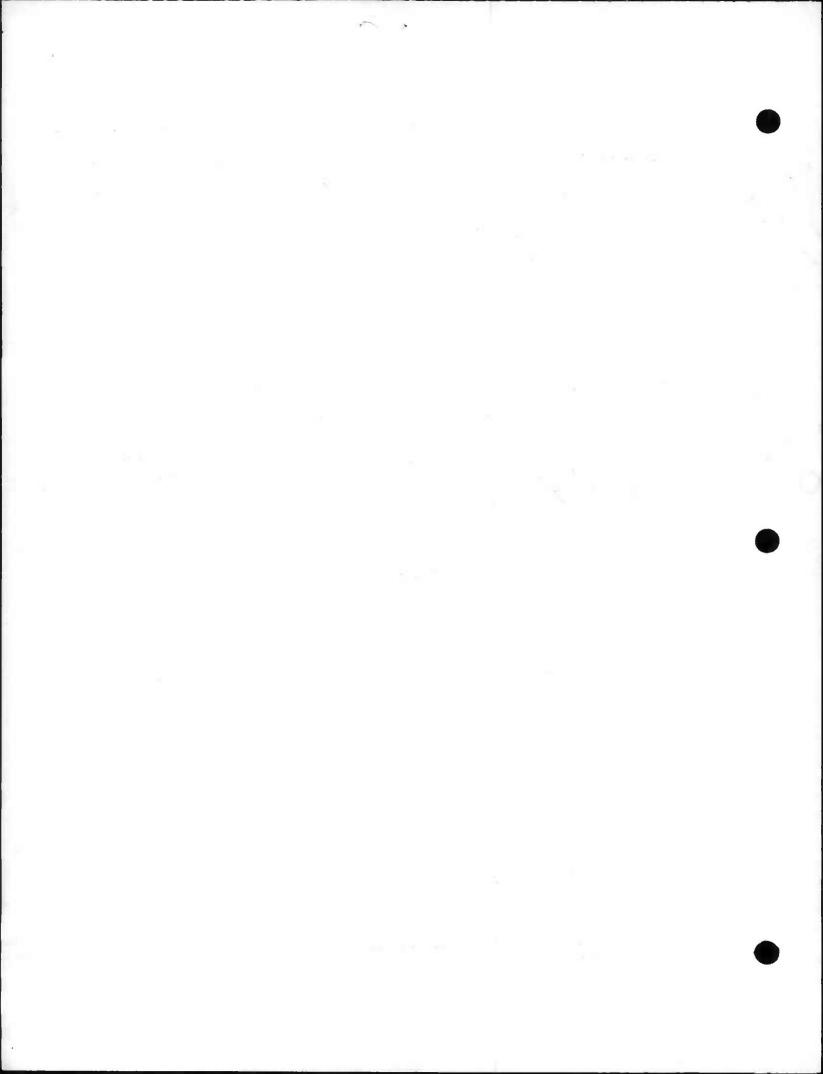
32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

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DHMH-16 Rev 1/89

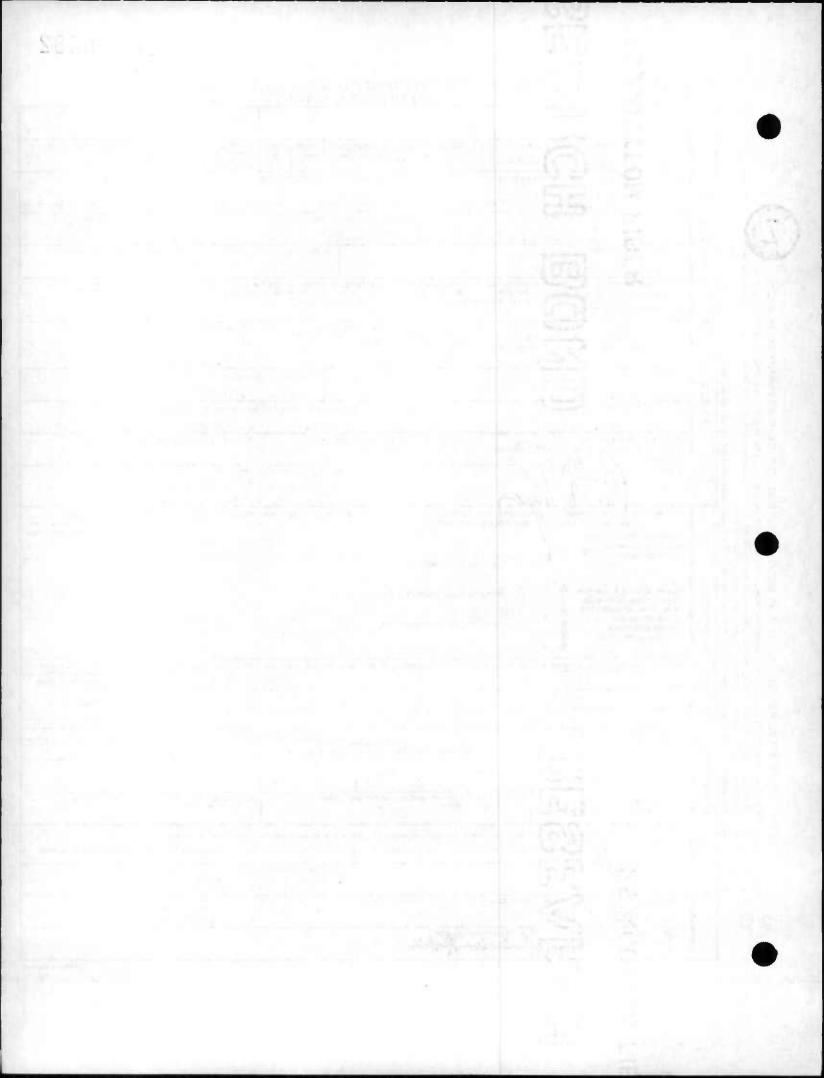
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within flours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-runner permitted within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

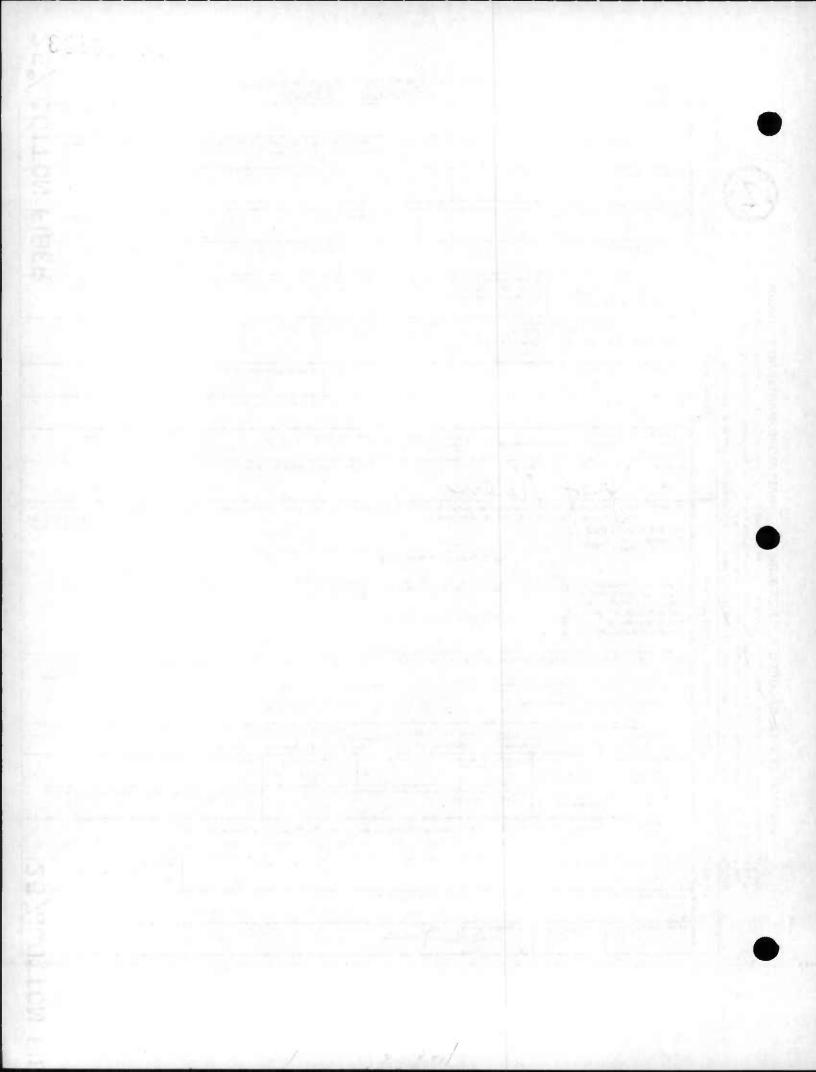
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

CHA	Middle, Last)								2. DATE	OF DEATH	IV.	YEAR	3. TIME OF DEATH
		EDWARD GA	ULT			110			SEI		994	10411	1:30
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER	MIN.	7. DATE (Month	OF BIRTH		8. BIRTH Country	PLACE (State or Foreign y)
499 09 898		1 🕅 M 2 🗆 F	77	YRS.	1 25					06/16			souri
9a, FACILITY NAME (If not in					9b. CITY,	TOWN (OR LOCAT	ON OF DE	EATH		9c. COU	INTY OF D	EATH
National N		Medical C	enter		Bet	hes	da	-			Mor	ntgom	nery
10e. STATE	10b. COUNTY	Y		10c. CIT	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY LIMITS?
Virginia	Fa	airfax		Sp	ring	fie	1d						1 YES 2 K NO
10e. STREET AND NUMBER		4				7	. ZIP COD	E			10g. CIT	IZEN OF W	VHAT COUNTRY?
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		1										Whi	te
15. DEC (Specify only	EDENT'S EDU highest grade	completed)	(G	ive kind of s	Work done			ng	16b	KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0	1-12)	College (1-4 or 8	•)	Do NOT us					,	T C A	T		
17. FATHER'S NAME (First, M	liddle (aat)	5+		Offi	cer		70.000		_	J.S. A:		orce	
										Middle, Maiden	Sumame)		
George N. G			1 40	h MAII INO	ADDRESS	(Common -				Davis	- Court Tr	0000	
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Marcella K.			20b. PLACE		Esse			5]	PAT	gfield		City or To	
20a. METHOD OF DISPOSITI	n 3 Rem	oval from State	cometery, cre Arlin	matory or o	ther place)				9/1				
21. BIGNATURE OF TUNERA			LYLTIN	gcon	_		ND ADDRE	SS OF FA		.9/ AL	LINGU	.011,	Virginia
· Hod	TA /	V			D	ema:	ine 1	Fune:	ral H	Homes,	Inc		
23. PART i. Enter the di	1111	412								inia !			
Sequentielly list conditi			E LEUKEN		F):								
if any, leeding to imme- cause. Enter UNDERLYI CAUSE (Disease or Inju- that initiated events	ing iry	c. DUE TO	(OR AS A CONSE	OUENCE O	P):								
if any, leeding to imme- cause. Enter UNDERLY! CAUSE (Disease or Inju	T T	d				deriyin	g cause	given in	Part I.	24s. WAS AN		24b.	WERE AUTOPSY FINDIN
if any, leeding to immercause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in death) LAS	T T	d				deriyin	g cause	given in	Part I.	24a. WAS AN PERFOR	MED?	246.	AVAILABLE PRIOR TO
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if any, leeding to immecause. Enter UNDERLYI CAUSE (Disease or Injuthat initiated events resulting in death) LAS PART if. Other algnification of the control of the contro	Pending Investigation Could not be determined COF CERTIFIER OF CERTIFI	HOSPITAL: 1 No Inputtent 2 Class DATE Of Month, D 28e. PLACE Of building, ICIAN: To the beat of a	death but not in the state of t	DOA 28b. TIM INJ	OTHEF 4 Nurse BOF JURY M street, factored at the tile on, in my o	26. PI R: sing Hom 28c, INJ WC 1 ory, office	LACE OF CITY AT STATE OF THE ST	no no no no no no no no no no no no no n	28d. Loc City to the cau time, deta MBER 1315	PERFOR 1 YES 2 If (Specify) SCRIBE HOW II ATION (Street a or Town, State) Juse(a) and mare and place, an	NJURY OC and Number as at a d due to till DICA	course or Rural F	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO Noute Number, and menner as stated (Month, Day, Year) CPT 9 M



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30X 68760,	ite be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	before and completely filted in by the funeral director, page 5 should be detached for use as the burial-transment permit. Pro- Inforto burial, cremation, or removal.

	1. DECEDENT'S NAME (First, Middle, La		CERTIF	ICATE OF	DEATH	REG. NO 2. DATE OF DEATH MONTH	AY YEAF	3. TIME OF DEATH
	Ruth Charles Ge		2 10			9/10/94	124	6 P
	4. SOCIAL SECURITY NUMBER		GE (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BH	RTHPLACE (State or Foreign
	309-12-7673	1 🗆 M 2 🖳 F	75 YRS.			7/11/19		ustria
œ	99. FACILITY NAME (If not institution, git 8312 Exodus Dri			Laytons	OR LOCATION OF D	EATH	9c. COUNTY OF	F DEATH COMERY
5	RESIDENCE OF DECEDENT			Laycons	ATITE		MOTICE	JOHET À
DIRECTOR	10e. STATE 10b. COU	INTY	10c. CIT	TY, TOWN OR LOCA	TION			10d. INSIDE CITY
		gomery	L	aytonsvi			5 1 (10.0)	1 X YES 2 NO
RAI	8312 Exodus Dri	***		10	20982			F WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	D IN II C ADMED	12 WAS DE		NIC ORIGIN? (Specify Yes	USA	105
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 Y	ES 2 NO	It yes, s		an, Puerto Rican, etc.)	B	ACE — American Indian, lack, White, etc. pecify: White
0	15. DECEDENT'S E (Specify only highest gr	DUCATION rade completed)		USUAL OCCUPATO		16b. KIND OF BU	SINESS/INDUSTR	Y
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Illia. Do NOT u	ise retired.)	ost or working			
COMPLET	12		Ho	usewife			Housewi	te
	17. FATHER'S NAME (First, Moddle, Last) Julius Charles					AME (First, Middle, Meiden nna Unknot		
8	19a. INFORMANT'S NAME (Type/Print)		405. 5454 ***	C ADDRESS (C)				
2	David Gavin					Aoute Number, City or Tow ytonsville		
-	20e. METHOD OF DISPOSITION		20b. PLACE AND DATE				CATION — City of	
	1 Buriel 2 Cremation 3 R	emoval from State	cemetery, cremetory or c Judean Me	other plecel		9/12 Oln		
	21. SIGNATURE OF FUNERAL SERVICE		o dacair ric	22. NAME A	ND ADDRESS OF FA	CILITY		
	> Vesat	- Mason				Funeral Di		MD 00000
	23. PART I. Enter the diseases,	or complications that ceu	sed the death. Do	not enter the me	ROCKVILL ode of dying, suc	e Pike, Ro	ckville iratory arreat,	Approximat
	shock or heart falls IMMEDIATE CAUSE (Final	re. List only one ceuse of	n each line.					Interval Bet Onset and
	disease or condition resulting in death)	. Metistati	c Colon C	ancer				years
		OUE TO (OR A	A CONSEQUENCE C	OF):				, car
N		- Multiple						
\simeq II	Sequentially list conditions.		S A CONCEOUENCE O					years
8	Sequentially list conditions, if sny, leading to immediate	DUE TO (OR A	S A CONSEQUENCE C	OF):				years
FICAT	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR A	S A CONSEQUENCE O					years
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A						years
빙	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR A	IS A CONSEQUENCE C	PF):				
AL CE	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Discess or Injury that initiated events resulting in death) LAST	cDUE TO (OR A DUE TO (OR A d	IS A CONSEQUENCE C	PF):	ng ceuse given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINE MAILABLE PRIOR TO
AL CE	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR A DUE TO (OR A d	IS A CONSEQUENCE C	PF):	ng ceuse given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FING MAILABLE PRIOR TO
MEDICAL CE	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Discess or Injury that initiated events resulting in death) LAST	cDUE TO (OR A DUE TO (OR A d	IS A CONSEQUENCE C	PF):	ng ceuse given in	PERFOR	RMED?	24b. WERE AUTOPSY FING AWAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
MEDICAL CE	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Discess or Injury that initiated events resulting in death) LAST	DUE TO (OR A DUE TO (OR A d. d. Stona contributing to deat art Failure	IS A CONSEQUENCE C	In the underlyin		PERFOI	RMED?	Years 246. Were autopsy find Amilable Prior to Completion of Call of Death? 1 Yes: 2 No
SICIAN: MEDICAL CE	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condit Congestive Head 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR A C. DUE TO (OR A d. cliona contributing to deat art Failure HOSPITAL:	A CONSEQUENCE C	In the underlyle	PLACE OF DEATH (C)	PERFORM 1 TYES 2	RMED?	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
SICIAN: MEDICAL CE	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condit Congestive Head 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR A c. DUE TO (OR A d. clona contributing to deat art Failure HOSPITAL: 1 Inpatient 2 ERVC	h but not resulting	In the underlying the second of the second o	PLACE OF DEATH (C/	PERFOI	RMED? 2 ⊠ NO	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL CE	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condit Congestive Head 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR A c. DUE TO (OR A d. tions contributing to dest art Failure HOSPITAL: 1 Inpetient 2 ERVC 200. DATE OF INJUI (Month, Day, You	h but not resulting	In the underlyln 26. P OTHER: 4 Nursing Hot WE OF 28c. IN UNY W	PLACE OF DEATH (C)	PERFOI 1 YES 2 meck only one) 6 Other (Specify)	RMED? 2 ⊠ NO	24b. WERE AUTOPSY FINI MAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 M NO
BY PHYSICIAN: MEDICAL CE	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condit CONGESTIVE Head 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigates 3 Suicide 6 Could not	DUE TO (OR A c. DUE TO (OR A d. cliona contributing to deat art Failure HOSPITAL: 1 Inpatient 2 ER/C Morith, Day, Vec 28e. DATE OF INJUI be Date of Injuiding, stc. (3)	but not resulting Dutpetient 3 DOA RY 28b. Till DUTY — At home, term,	26. P OTHER: 4 Nursing Hor WE OF URRY W 1	PLACE OF DEATH (CF me 5 The Residence JURY AT ORK? YES 2 NO	PERFORM 1 YES 2 meck only one) 6 Other (Specify) 28d. DESCRIBE HOW I	INJURY OCCURED	24b. WERE AUTOPSY FING AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 M NO
TED BY PHYSICIAN: MEDICAL CE	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condit Congestive Head 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigated	DUE TO (OR A c. DUE TO (OR A d. cliona contributing to deat art Failure HOSPITAL: 1 Inpatient 2 ER/C Morith, Day, Vec 28e. DATE OF INJUI be Date of Injuiding, stc. (3)	but not resulting Dutpetient 3 DOA RY 28b. Till DUTY — At home, term,	26. P OTHER: 4 Nursing Hor WE OF URRY W 1	PLACE OF DEATH (CF me 5 The Residence JURY AT ORK? YES 2 NO	PERFOI 1 YES 2 Peck only one) 6 Other (Specify) 28d, DESCRIBE HOW I	INJURY OCCURED	24b. WERE AUTOPSY FING AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 M NO
TED BY PHYSICIAN: MEDICAL CE	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condit CONGESTIVE Head 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigated investigated and determined determined.	DUE TO (OR A c. DUE TO (OR A d. cliona contributing to deat art Failure HOSPITAL: 1 Inpatient 2 ER/C Morith, Day, Vec 28e. DATE OF INJUI be Date of Injuiding, stc. (3)	Dutpetient 3 DOA RY 28b. Till IN URY — At home, term, Specify)	26. P OTHER: 4 Nursing Hot ME OF JURY M 1 street, factory, office	PLACE OF DEATH (C)* THE 5 Residence JUNE 10 NO Ce	PERFORM 1 YES 2 neck only one) 6 Other (Specify) 28d. DESCRIBE HOW I 281. LOCATION (Street City or Town, Stete)	INJURY OCCURED	24b. WERE AUTOPSY FING AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 M NO
TED BY PHYSICIAN: MEDICAL CE	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condit Congestive Head 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigative A Could not determined. 29e. CERTIFIER (Check only) 1 CERTIFYING Philips CAUSE CAUSE CONTROL	DUE TO (OR A c. DUE TO (OR A d. cliona contributing to deat art Failure HOSPITAL: Inpetient 2 ERVC (Month, Dey, Vec be Contributing to deat Contributing to deat	Dutpetient 3 DOA RY 28b. Till URY — At home, term, specify)	26. P OTHER: 4 Nursing Hot ME OF UNITY W 1 street, factory, officered at the time, dat	PLACE OF DEATH (C/r me 5 The Seldence JURY AT ORK? YES 2 NO ce a and place, and due	PERFORM 1 YES 2 neck only one) 6 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, Stele) to the cause(a) and main	INJURY OCCURED and Number or Rur	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CE	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condit Congestive Head 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigative A Could not determined. 29e. CERTIFIER (Check only) 1 CERTIFYING Philips CAUSE CAUSE CONTROL	DUE TO (OR A c. DUE TO (OR A d. d. RICONA CONTRIBUTION TO GENERAL HOSPITAL: 1 Impatient 2 ERVC 200. DATE OF INJUI (Month, Day, Yea Duilding, stc. (3) INSIGNAN: To the best of my kn NINER: On the best of examina	Dutpetient 3 DOA RY 28b. Till URY — At home, term, specify)	26. P OTHER: 4 Nursing Hot ME OF UNITY W 1 street, factory, officered at the time, dat	PLACE OF DEATH (C/r me 5 The Seldence JURY AT ORK? YES 2 NO ce a and place, and due	PERFORM 1 YES 2 Deck only one) 6 Other (Specify) 28d. DESCRIBE HOW in the control of the course (a) and many of the course (a) and many of the course (a) and many of the course (a) and many of the course (b) and many of the course (b) and many of the course (c) and many of the cours	INJURY OCCURED and Number or Rur nner as stated, and due to the caus	24b. WERE AUTOPSY FING AWAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 TYES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL CE	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condit CONGESTIVE Head 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigated Inv	DUE TO (OR A C. DUE TO (OR A d. Itona contributing to deat Art Failure HOSPITAL: 1 Impatient 2 ERVC 200. DATE OF INJUI (Month, Day, Yea DUE TO (OR A Art Failure HOSPITAL: 1 Impatient 2 ERVC (Month, Day, Yea DUE TO (OR A INTERIOR TO (OR A) INTERI	Dutpetient 3 DOA RY 28b. Till IN JRY — At home, term, Specify) nowledge, death occur ation end/or investigate	26. P OTHER: 4 Nursing Hor ME OF 28c. IN JURY M 1 street, factory, offile red at the time, date on, in my opinion,	PLACE OF DEATH (C) The 5 Thesidence JURY AT ORK? YES 2 NO ce a and place, and due death occured at the	PERFORM 1 YES 2 Deck only one) 6 Other (Specify) 28d. DESCRIBE HOW in the control of the course (a) and many of the course (a) and many of the course (a) and many of the course (a) and many of the course (b) and many of the course (b) and many of the course (c) and many of the cours	INJURY OCCURED and Number or Rur nner as stated, and due to the caus	24b. WERE AUTOPSY FIN AMILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 No. No. No. No. No. No. No. No. No. No.



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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

hours after death. Page 6 may be retained by the hospital or attending physician. **BALTIMORE, MARYLAND 21215-0020**

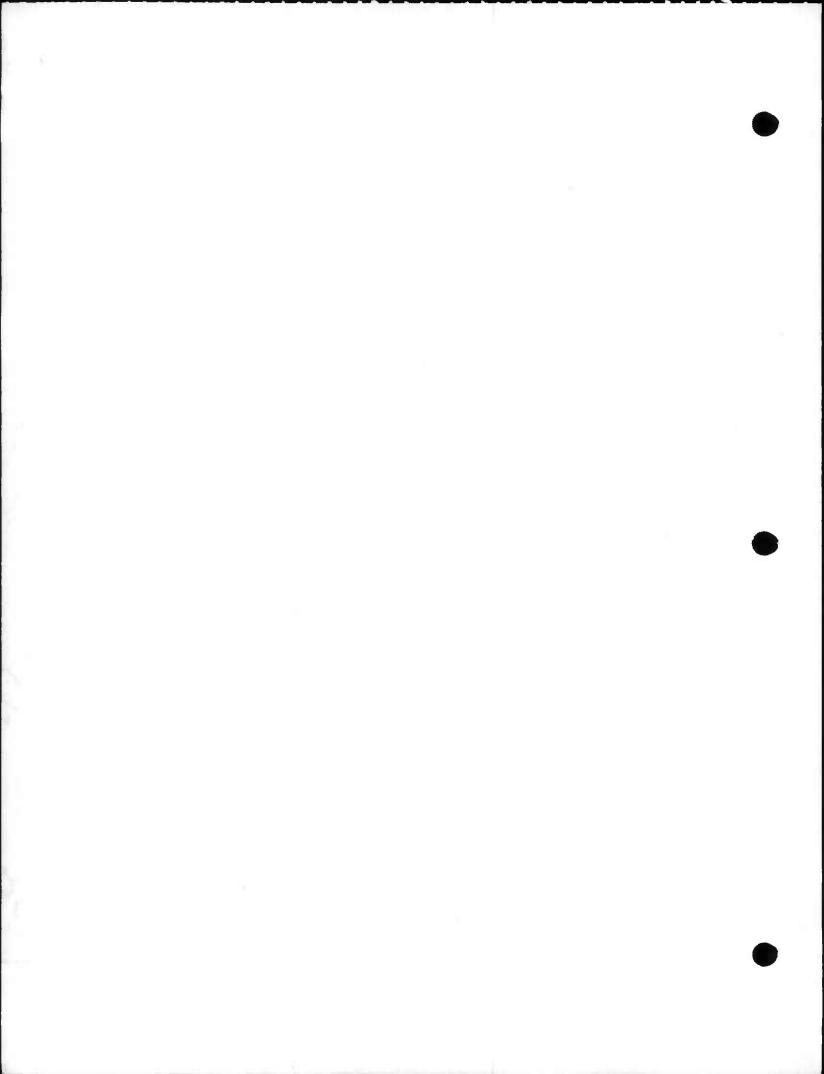
1 - STATE REGISTRAR	,	SIAIE UF I	MAKYLAND C		ICATE				MENT/	AL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, Middle	e, Last)									E OF DEATH			3. TIME OF DEATH
Burtus	A1	len	Gainey						MON	tember		YEAR	8:30 P.m
4. SOCIAL SECURITY NUMBER	5.	. SEX	6. AGE (In yrs. Is		IF UNDER 1	YEAR	IF UNDER	24 HRS.	7 DAT	F OF BIRTH			IPLACE (State or Foreign
553-36-3993	1	∑ M 2 □ F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	Jun	e 3,192	24	Count	h Carolina
9e. FACILITY NAME (If not institution	n, give street	t end number)			9b. CITY,	TOWN O	R LOCATE	ON OF DI		- 3,172		INTY OF D	
7401 Westlal	re Te	rrace	#913			thes							
RESIDENCE OF DECEDE		rrace,	" 713		реі	Liles	ua				MOI	ntgon	lery
10e. STATE 10b.	COUNTY			10c. CIT	Y, TOWN OF	R LOCATI	ION						10d. INSIDE CITY
Maryland	Mont	gomery		Be	these	da							LIMITS?
10e. STREET AND NUMBER						10f.	ZIP CODE	E		_	10g. CI	TIZEN OF V	VHAT COUNTRY?
7401 Westlal	ke Te	rrace.	#913					2081	17		11.	S.A.	
11. MARITAL STATUS		. WAS DECEDEN	T EVER IN U.S. A		13. W	AS DECI	ENDENT O	F HISPA	NIC ORIG	IN? (Specify Yee		14. RACI	- American Indian.
1 Never Merried 2 X Merrie	ıd	FORCES? 1	X YES 2 .	NO	- If	yee, spe		n, Mexice	n, Puerto	Rican, atc.)		Speci	k, White, atc.
3 Widowed 4 Divorced	- 1		WWII				X	ороси	,.			Speci	White
15. DECEDENT (Specify only highe					USUAL OCI			_	16	b. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondery (0-12)	1	College (1-4 or 5 -	- 66	Do NOT us	se retired.)	uning mos	I OF WORKS	y	P	olice I)epai	ctmen	it
		4	Po	lice	Offic	cer					_		politan
17. FATHER'S NAME (First, Middle, L	ast)						18. MOTH	HER'S NA		Middle, Meiden			
Burtus	Alle	n Ga	iney				Ker	on	р	ender	Fe	lton	
19e. INFORMANT'S NAME (Type/Prin		100		b. MAILING	ADDRESS	(Street ar				nber, City or Town			20817
Mildred L.	Gair	nev											laryland
20e. METHOD OF DISPOSITION			20b. PLACE						OA.			City or To	
1 X Burial 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Specifi		I from State	Cate	ematory or o	ther place)	Co	moto	w17 (1/1/				ng,Maryland
21. SIGNATURE OF FUNERAL SERV	VICE LICENS	SEE	Joace	OI II	22. N	AME AN	D ADDRES	SS OF FA	CILITY				
RI.	4-6	- 1)			FRA	ANCI	SJ.	COI	LIN	S FUNER	RAL H	HOME,	INC.
Moberl	6	101	77564		[500) UN	IVER	SITY	Y BL	VD., W.	, SI	[L. S	P., MD 20901
23. PART I. Enter the diseese shock, or haert for	es, or com	plications tha	t caused the d	eath. Do r	not enter t	ha mod	de of dyl	ng, suc	h as ca	rdiac or raepi	retory a	rest,	Approximate
IMMEDIATE CAUSE (Fine)	andro. Livi	comy one coo	on coon in										Intervel Between Onset and Death
disease or condition resulting in death)	a		1-12	116	FI	Shoul	. A.A.						1 un
rooming in death)	o	DUE TO											
	b		MIZ	mason	no	6.1	SN//B	640					ymo
Sequentially list conditions, if any, leeding to immediate		OUE TO	(OR AS A CONSE	OUENCE OF	7:		,						
cause. Enter UNDERLYING CAUSE (Disease or Injury	/		1_1	NO	C	MAC	CEN						
thet initiated events	1	OUE TO	(OR AS A CONSE	OUENCE OF	7):								
resuiting in death) LAST	d												
PART ii. Other significant con	nditione c	ontributing to	death but not	raculting i	- thed	la al-da a		-t t-	D				
TAIT II. Other algumeant con	ilaitione Ci	ontributing to	death put not	reeuiting	in the und	enying	cause g	jivan in	Part I.	24a. WAS AN . PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
										1 - YES 2	₩ NO		OF DEATH?
													1 TYES 2 1 NO
DID TOBACCO USE C	ONTRIB	UTE TO CA	USE OF DEA	ATH YE	S 🗆 N	10 	UNC	ERTAIN	N \square				
25. WAS CASE REFERRED TO MEDI EXAMINER?			26. PLA	CE OF DEAT	H (Check or								
1 TYES 2 NO		OSPITAL:	ER/Outpetient	DOA	OTHER:		5 XR.	sidence	S 🗌 Oth	er (Specify)			
27. MANNER OF DEATH		28e. DATE OF		28b. TIM	E OF 2	8c. INJU	RY AT			SCRIBE HOW IT	URY OC	CURED	
1 Naturel 5 Pendin		(Month, D	ay, rear)	INJ	URY M	WOF	RK? ES 2 [NO					
2 Accident Investig 3 Suicide 8 Could		28e. PLACE O	F INJURY — At he	ome, farm, s	treet, fector	ry, office			28f. LO	CATION (Street a	nd Numbe	r or Rural F	loute Number.
4 Homicide determ		building,	etc. (Specify)						Clh	or Town, State)			
29e. CERTIFIER	BUVOIGIA			0.00		_					_		
			my knowledge, de										edit ed. 125s.
		(ne Deele Of e)	termination end/or	investigatio	n, in my opi	inion, de	ath occur	ed at the	time, det	e end plece, end	due to t	he ceuse(e) end menner ee stated.
29b. SIGNATURE AND TITLE OF CE	RTIFIER	1	0				29c. LICE	NSE NUN	ABER		29d. OAT		(Month, Day, Year)
1 brown						- 1	1) 1	121	0	1		01.	
(1/0.)		My					PI	136	18			7/1	1/84
30. NAME AND ADDRESS OF PERS	ON WHO CO	OMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type,	Print)	_	PI	100	78			7/1	2/64
	_	OMPLETED CLUS				ven	ue,			nase. M	D D	7/1	U/64
Stanley Sc 31. DATE FILED (Month, Day, Year)	_	Z, MD		iscon	sin A	ven	ue,			nase, M	D D	7/	1/84

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DIVISION OF VITAL RECORDS, P.O. BOX 68760

4

DHMH-16 Rev 1/89



Amended Item#17 S. CAMPBELL 9/20194 CHEROLL COUNTY

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

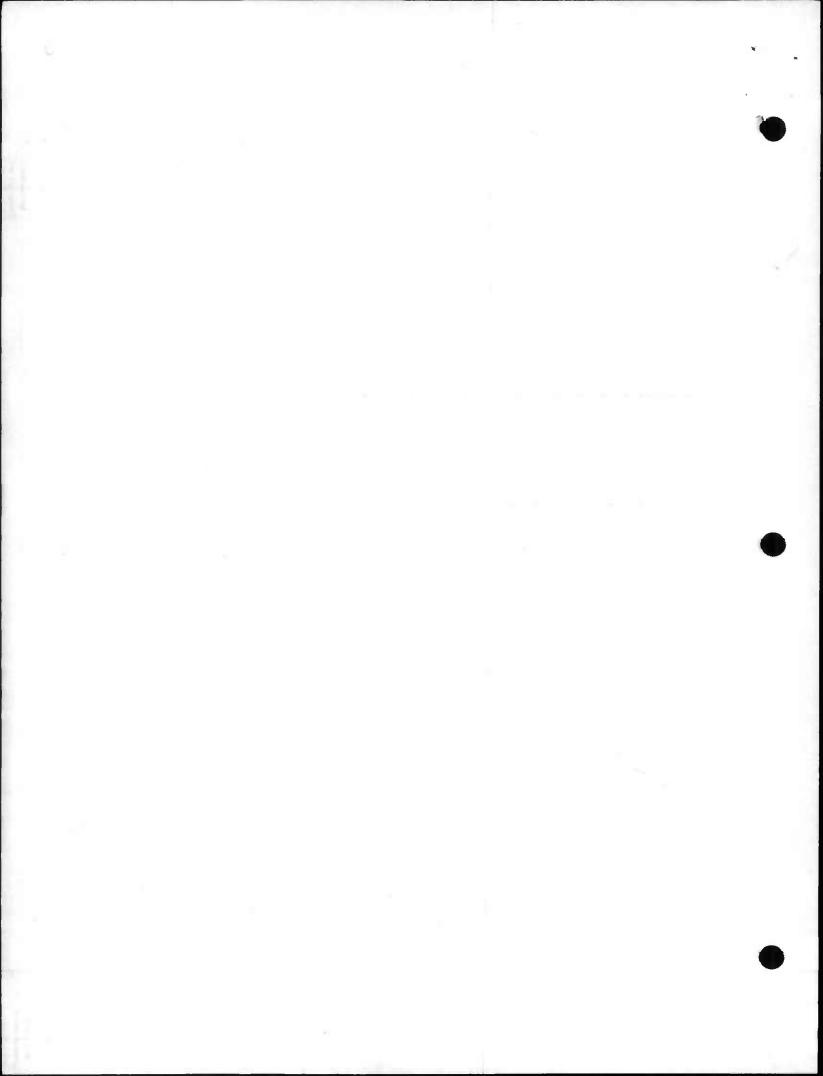
	1 - STATE REGISTRAR	OIAIL OI WA	CE	RTIF			DEATH	MEN	REG. NO.	E		
0	1. DECEOENT'S NAME (First, Middle, Last)	<i>H</i> .	H	EII	V				ATE OF DEATH	-9	YEAR	3. TIME OF DEATH 9 50 P. M.
	4. SOCIAL SECURITY NUMBER	1 1	. AGE (in yrs. lest		IF UNDER	1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(4	ATE OF BIRTH Worth, Day, Year)		Countr	IPLACE (State or Foreign
	547-16-9102	1 🗆 M 2 🖳 🌾	84	YRS.				0	8/14/19	_	Vi	rginia
۳	9a. FACILITY NAME (If not institution, give si Westminster Nu.	•	me				R LOCATION OF DI LISTER	EATH			rol	
6	RESIDENCE OF DECEDENT		1110							Cui	. 1 0 1	
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C							10d, INSIDE CITY LIMITS?
	Maryland Ca:	rroll			Wes		inster					1 TES 2 NO
FUNERAL	1234 Washington	h Dd				1100	21157			_		States
3	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARI	MED	13.		ENDENT OF HISPAN	NIC OF	RIGIN? (Specify Yes		14. BACE	- American Indian
à	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR		ю		f yes, sp	2 NO Specifi	in, Pui	orto Rican, etc.)		Speci	k, White, etc.
	15. DECEDENT'S EOU (Specify only highest grade		16a, DE0	CEDENT'S	USUAL OG	CUPATIO	ON st of working		18b. KIND OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)							,			
COMPL	17. FATHER'S NAME (First, Middle, Last)		HC	omem	ake				n/a			
	James Benjamin	Durham	HARVE	1	-lada	ps.	Mary	INE (F	irst, Middle, Melden Brin		v	
BE	19a. INFORMANT'S NAME (Type/Print)			-			nd Number or Rural	Route I			_	_
임	Nora Perron						enue, W					21157
	20a. METHOD OF DISPOSITION 1/ Burlet 2 Cremation 3 Remo	oval from State	20b. PLACE A	ND DATE	OF DISPOS	ITION (Na	me of 9/21/	94	DATE 20c. LO	CATION —	City or To	wn, State
	4 Donation 5 Other (Specify)	PENDEE	Allec	han	у Ма		cial Pa			v Mc	or,	Virginia
	21. SIGNATURE OF PUNERAL SERVICE LIC	CNSEC		22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Ch						hap	el	
	Katherine	Pretto-	Surite	41	4:	12 1	Vashing	to	n Rd.,	Wes	tmi	nster, MD
	23. PART I. Enter the diseases, or o shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. META	on each line.				e of dying, suc			ratory ar	reat,	Approximate interval Between Onset and Death
N	Sequentially list conditions,	BLE	AS A CONSED	DENCE O	PI							5 YEARS
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	•	R AS A CONSEC	DUENCE O	F):							
	that initiated events	DUE TO (OI	R AS A CONSED	VSEDUENCE OF):								
CER	resulting in death) LAST	d										
7	PART II. Other significant condition	s contributing to de	eth but not re	esuiting	in the un	derlying	ceuse given in	Part	i. 24a. WAS AN		24b.	. WERE AUTOPSY FINDINGS
									PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED												1 TES 2 NO
Y S	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN:	EXAMINER?	HOSPITAL:	B/Outpetlant 2	D 004	OTHER	t:	ACE OF DEATH (Ch					
H	27. MANNER OF DEATH	28a. OATE OF IN	JURY	28b. TIM	E OF	28c. INJ			DESCRIBE HOW IN	JURY OC	CURED	
2	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	10ar)	INJ	URY M	1 🗌 1	RK? 'ES 2 NO					
COMPLETED B	3 Suicide 8 Could not be determined	28e. PLACE OF It building, etc	NJURY — At hor :. (Specify)	me, farm, :	street, fact	ory, office		28f.	LOCATION (Street a City or Town, State)	nd Numbe	r or Rural F	Route Number,
	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my	knowledge, dea	eth occum	ed at the ti	me, dete	and place, and due	lo the	cause(a) and men	ner as sta	ted.	
S C) and menner as stated.
u li	296. SIGNATURE AND TITLE OF CERTIFIER	0111	1).0		, 77		29c. LICENSE NUI	WBER	01	29d. DAT	E SIGNED	(Month, Day, Year)
2	20 NAME AND ADDRESS OF PERSON WAS	y well	wi	11.	V-		1/11	4	46	D 6	1-1	1-44
	DANIEL I	WELL	IVE)	1 27) (Type,	Print) U. F	7 6	WES	17/	TIVETE	TO	V RI	27.1157
	SEP2 0 1994 Ju	32 REGISTRAR'S							-27			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buffal-transful be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

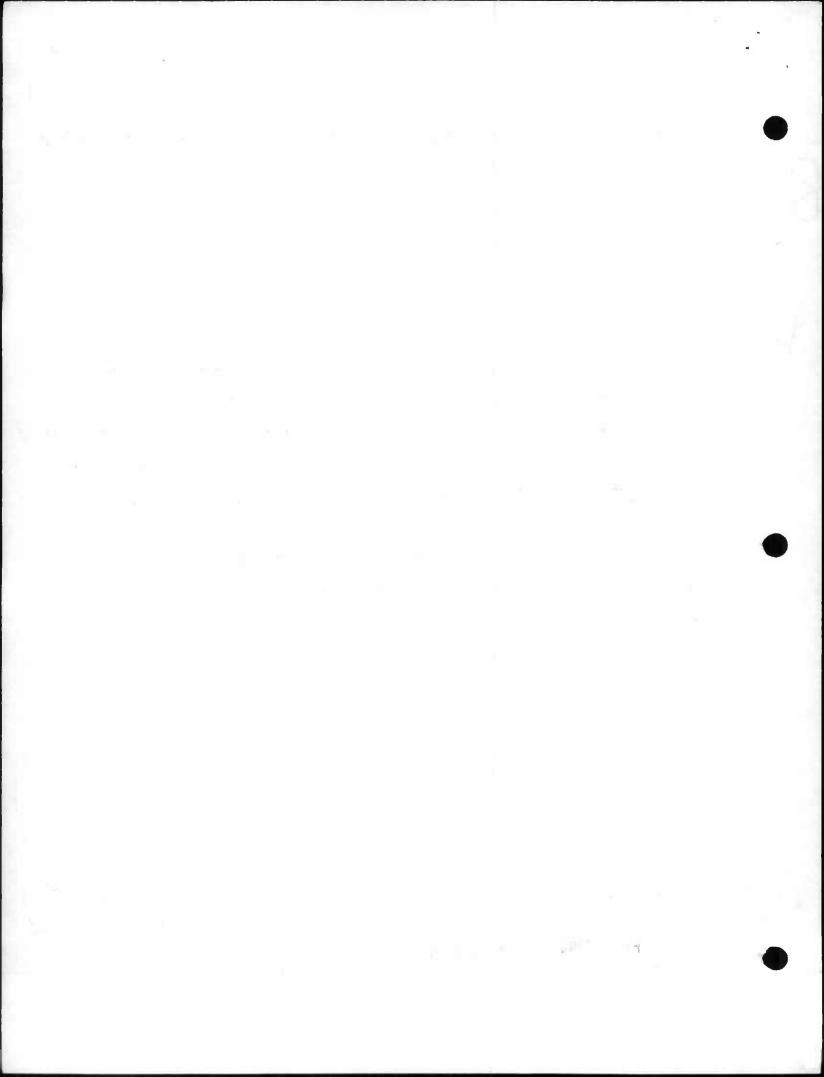
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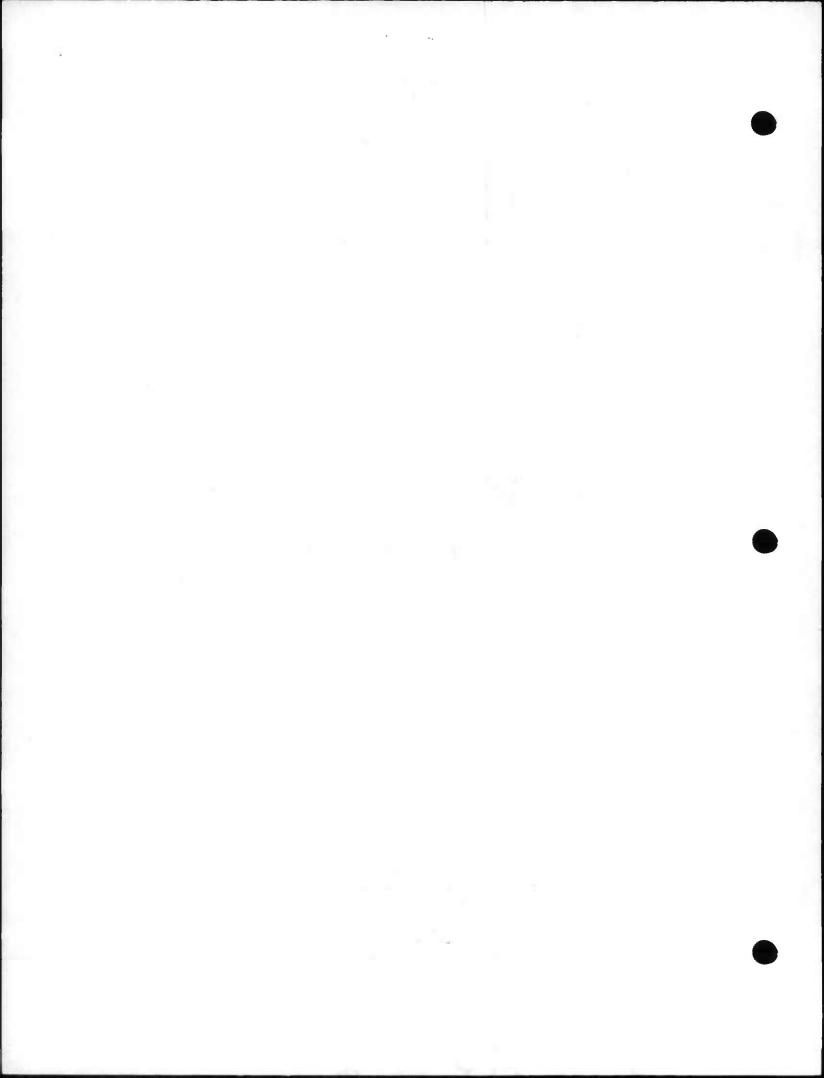
ing the state of t	BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending process.	f filled in by the funeral director, page 5 should be detached for use as the bursularation, or removal.	the medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-transfer be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED MANIEN, Day, 16 1994

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN	IT OF HEALTH AND	MENTAL HYGIEN REG. NO		
		OUISE HE	IDEC	BER	2. DATE OF DEATH	-91	3. TIME OF DEATH
	220-16-0465	SEX 6. AGE (in yrs. let 7 1	YRS. MONTHS		7. DATE OF BIRTH (Month, Day, Year) Jan 7, 1	923	BIRTHPLACE (State or Foreign Country) Maryland
10R	9a. FACILITY NAME (If not institution, give street Westminster Nur			v. rown on Location of D Vestminster		ec. COUNTY	of DEATH Croll
DIRECTOR	10a. STATE 10b. COUNTY Maryland Car	rroll	10c. CITY, TOWN	on Location (eymar			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 6515 W Road PO	Box 175		10f. ZIP CODE 21757	,	10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	III I I I I I I I I I I I I I I I I I	. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	AMED 13	WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES 2 NO Specif	in, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, etc. Specify: White
PLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	college (1-4 or 5+)	ECEDENT'S USUAL sive kind of work done to not were retired.	during most of working)	16b. KIND OF BU		TRY
BE COMPLET	George W. Baker	3	рос мет	18. MOTHER'S NA	ME (First, Middle, Maiden ed Schul		IC.
10		ger 19	6515 W.	Road P.O.	Box 175	n, State, Zip Coo , Keyn	nar, MD 2175
	20a. METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Removal 4 Donetion 5 Other (Specify)	from State 20b. PLACE.	AND DATE OF DISPO	Semetery	9/19 Hai		or Town, State
	21. SIGNATURE OF TUNERAL SERVICE LICENS	W, Elin	0/	NAME AND ADDRESS OF FA	LITTLE	Funer stead,	al Home , MD 21074
	23. PART I. Enter the diseases, or comshock, or heart feliure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	CEREB (2A2	r the mode of dying, suc		iratory arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (DR AS A CONSEI DUE TO (DR AS A CONSEI DUE TO (DR AS A CONSEI	DIM A	OF LU			
MEDICAL	PART II. Other significant conditions of	ontributing to death but not i	resulting in the u	inderlying cause given in	Part i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	ОТНЕ	26. PLACE OF DEATH (Ch	eck only one)		
PHYSICIAN:	t	Inpetient 2 ER/Outpetient 3 26e. DATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK?	6 Other (Specify) 28d. DEŞCRIBE HOW I	NJURY OCCURE	ED
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fa	1 YES 2 NO	26t. LOCATION (Street a City or Town, State)	and Number or R	Bural Route Number,
COMPLET		N: To the best of my knowledge, de					unalet and manage or stated
) BE CO	296. SIGNATURE AND TITUE OF CERTIFIER	Vellier		29c. LICENSE NUI		29d. DATE SIG	GNED (Month, Day, Year)



	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	RALPH HE	NRY HERRI	NG			97/16/9	l YE	6:30 P M	
	4. SOCIAL SECURITY NUMBER 190-12-1030	5. SEX 6. AGE (IF UNDER † YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/15/22	l,,c	NRTHPLACE (State or Foreign Country)	
_	9a. FACILITY NAME (If not institution, give at	reet and number)	EATH	9c. COUNTY					
FUNERAL DIRECTOR	1412 PROSPECT	ROAD		WHIT	EFORD		HARFO	ORD	
H	10a. STATE 10b. COUNTY			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?	
ā		ARFORD		HITEF				1 TES 2 X (40	
RAI	10s. STREET AND NUMBER			101	ZIP CODE			OF WHAT COUNTRY?	
빌	11. MARITAL STATUS	SPECT ROAD	ILLO ADMED	140 400 050	21160		USA		
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced		3 XNO	If yes, spi	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: WHITE			Black, White, etc. Specify:	
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S U	SUAL OCCUPATION	N	16b. KIND OF BU	1 10 1		
COMPLETED	Elementary/Secondary (0-12)	Ny highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) 0-12) College (1-4 or 5 +)							
MPI	8	PLUMBING					ING		
8						ME (First, Middle, Maiden			
8	ALEX MORRIS		_		MALINE		ERRING		
2	19a. INFORMANT'S NAME (Type/Print)	T.N.C				Acute Number, City or Tow			
	RICHARD E. HERR	400	PLACE AND DATE OF	ROSPE			CATION - City		
)(M Burial 2 Cremation 3 Ramo	oval from State	T. ROSE	CEMET	0.4		ORK,PA		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1. 1036		D ADORESS OF FA		OKKITI	1	
Ì	Yehn b.	illet						PA.,17314	
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line.								
- 1	snock, or haert fallure. List only one cause on each line.								
	disease or condition resulting in death)	anunos	cerote	e Care	diou	ascular			
		OUE TO (OR AS A	CONSEQUENCE OF):			Dine	11		
0	Sequentially list conditions, if any, leading to immediate								
S	cause. Enter UNDERLYING CAUSE (Disease or Injury								
E	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	resulting in death) CAST	i							
AL O	PART il. Other significant condition	a contributing to death b	ut not resulting in	tha underlying	cause given in			24b. WERE AUTOPSY FINDINGS	
5		PEI 1 YE						AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEI							~~	1 YES X NO	
PHYSICIAN: MEDIC									
Ci	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (Ch	eck only one)			
IXS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outp	etient 3 DOA 4	☐ Nursing Hom	///	6 Other (Specify)			
	1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OW YF		28d. OEŞCRIBE HOW	INJURY OCCURE	D	
В	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	- At home, farm, str			281. LOCATION (Street	and Number or B	ural Bouta Number	
COMPLETED	4 Homicide 8 Could not be	building, atc. (Spec	efy)			City or Town, State,		Jan 1100 Hall Page	
빌	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the beat of my know	ledge, death occurred	at the time, date	and place, and due	to the cause(s) and me	nner ee steled		
N N		R: On the basis of examination						use(a) and manner as stated.	
Ö	296 MIGNATURE AND TITLE OF CENTIFIED	10 Ded.	MOD. File	NANA.	29c. LICENSE NUI			INEO (Month, Day, Year)	
∞	Kichard H. Co	yeur MB	Harfard	Caria	OCME			16/94	
유	30. NAME AND AODRESS OF PERSON WHO		_ /_	_	-	7		01074	
		ER,MD, 201		E CHUR	CH KD.	DARLING	TON, MI	D., 21U34	
ŀ	SEP 2 0 1994	32 REGISTRAR'S SIGN	x-Rardall						
		1/							



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to fill within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN		
1. OECEOENT'S NAME (First, Middle, Las	0			2. DATE OF DEATH	,.	3. TIME OF DEATH
	insence.	Hutch	nins	09 1	6 94	5:11 PM
4. SOCIAL SECURITY NUMBER 219-36-0585	5. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Count	
9s. FACILITY NAME (If not institution, give		2.	. CITY, TOWN OR LOCATION OF E	14/25/19	OO LOU	isiana
	ursing Home		Baltim		SC. COUNTY OF I	EATH
RESIDENCE OF DECEDENT				iore		676
Maryland 106. cour	IIIY	10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER			Baltimor	e	10- CITIZEN OF	1 YES 2 NO WHAT COUNTRY?
One Stra	tford Road		21.2	18	TT	C A
11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Ye	8 or No- 14. RAC	E — American Indian,
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	If yes, specify Cuben, Mexic 1 TES 2 NO Spec		Spec	k, White, etc.
15. DECEDENT'S EL	DICATION	10 - DECEDENTIO	(1) 000000000000000000000000000000000000	I standard a state		ucasian
(Specify only highest gra	de completed) College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BU	ISINESS/INDUSTRY	
11	4	Hou	sewife		Home	
17. FATHER'S NAME (First, Middle, Last)		22000		AME (First, Middle, Maiden		
Benjamin	Lawrence		El	izabeth	Mac	Gregor
19s. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street and Number or Rural			
Grover M. Hu	tehins	same	as #10			
20s. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Re	moval from State Cen	PLACE AND DATE OF D etery, crematory or other	place)		OCATION — City or To	
4 Donstion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		arroll C	remation 22. NAME AND ADDRESS OF F	9/19 Ha	mpstead	, Maryland
m 40	11 1			uneral H	ome	
- Alle	clery jung	2-41	Jarrett	sville. 1	Marylan	d
23. PART I. Enter the disesses, o shock, or heart tellure	complications that cause b. List only one cause on	ths desth. Do not a schilins.	entsr ths mods of dying, au	ch as cardiac or resp	iratory srrest,	Approximate interval Between
IMMEDIATE CAUSE (Finsi disease or condition	Maria					Onset and Death
reaulting in desth)	s. Wroseps	CONSEQUENCE OF				ldays
_		CONSEQUENCE OF).				′
Sequentially list conditiona, if any, isading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):				
cause. Enter UNDERLYING CAUSE (Disease or Injury	с					
that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
	d					
PART II. Other significant condition	ons contributing to desth b	ut not resulting in th	ns undsrlying cause given in	Part I. 24s. WAS AN		. WERE AUTOPSY FINDINGS
_ allance	a genera	lized 1	arterioxele	rosis 1 yes	1	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	/				/	1 TES 2 NO
DID TOBACCO USE CON	TRIBUTE TO CAUSE O	F DEATH YES	□ NO □ UNCERTAI	N 🗆		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF OEATH (C	Check only one)			
1 TYES 2 NO	1 Inpatient 2 ER/Outp	atlant 3 DOA 4	Nursing Home 5 - Residence			
1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK? M 1 YES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCURED	
2 Accident Investigation 3 Suicide 8 Could not b	28e. PLACE OF INJURY	— At home, term, stree		28f. LOCATION (Street	and Number or Rural i	Route Number
4 Homicide determined	building, etc. (Spec	Hy)		City or Town, State,		, and the same of
290. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my know	edge, death occurred at	the time, date and place, and du-	a to the course(s) and ma	oner en stated	
			my opinion, death occurad at the			e) end manner as stated.
29b. SIGNATURE AND TITLE OF CERTIF			29c. LICENSE NU		29d. DATE SIGNED	
M. Teahelle T	lac One on	rh)				
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin) 136 1,700 W.40	· ·		
17.18 ABELLE M	ACTREGOR.	KESWICK	1,700 W.40	the Street	, Balten	WG, Ma21211
SEP 2 0 19	32. REGISTRAR'S SIGN	ATURE Randall				
25, 2013	UT A TOTAL					I

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BOX 687	executed
\sim	90
P.O. BOX	certificate
RDS, P.	death
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OR	that
RECORDS,	requires
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TA	The
5	IAN:
NOF VITAL	PHYSIC
VISION	ATTENDING
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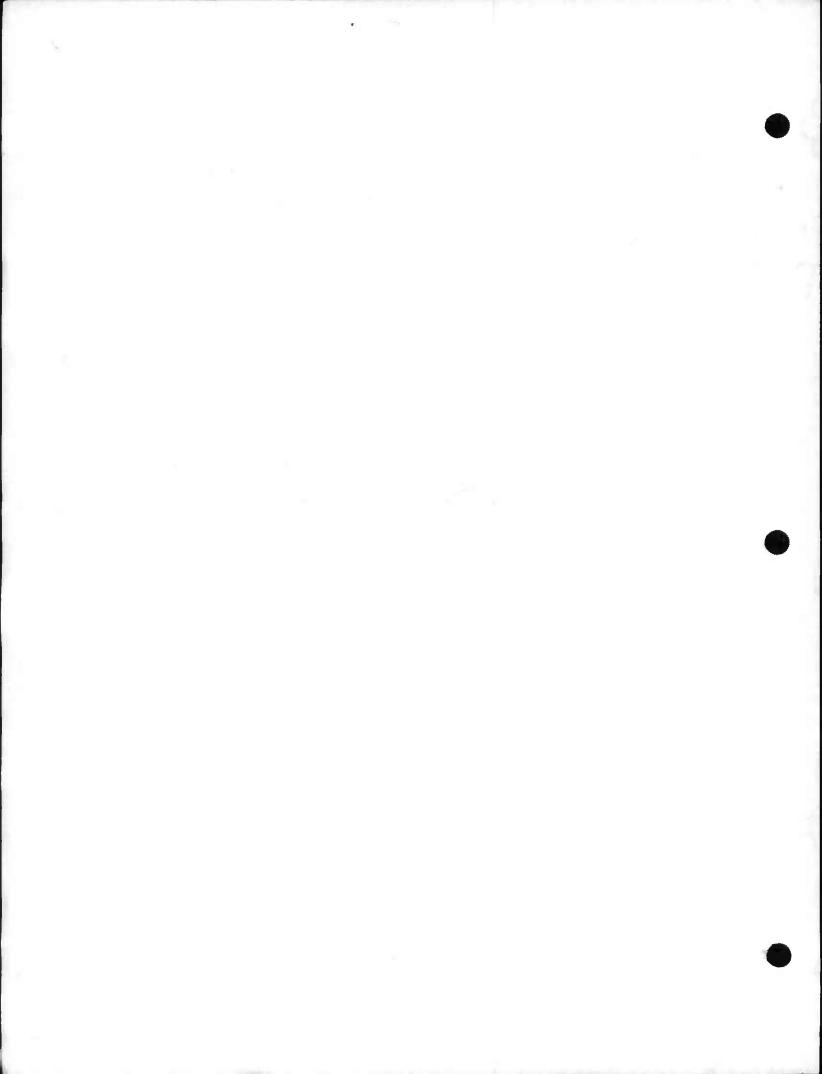
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	Z	pingas Sand	Make the contract	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transformed be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENI
	C	ERTIFICATE	0	F DEAT	TH		REG NO

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPA	RTMENT O	F HEALTH AND OF DEATH	MENTAL	HYGIEN REG. NO.	E			
1. DECEDENT'S NAME (First, Middle, Last)		-		J. DEATH	2 DATE	OF DEATH			3. TIME OF D	EATU
CARROLL BENJA	MIN HAMMO	OND				. 3,	994	YEAR	5:00	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ('in yrs. last birthday	F UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE	OF BIRTH			PLACE (State o	
218-30-2217	1 X M 2 □ F 68	YRS.	MONTHS DA	YE HOURS MIN.	MAR.	6,192	26	MAR	YLAND	
So. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TO	WN OR LOCATION OF D		•	9c. COUNT	TY OF DE	ATH	
CORSICA HILLS I	NURSING CE	ENTER	CEN	TREVILLE			QUE	EN	ANNE '	S
10e. STATE 10b. COUNTY		10c, C	ITY, TOWN OR L	DCATION					10d. INSIDE C	ITY
MARYLAND QUEE! 100. STREET AND NUMBER	N ANNE'S		CENTR	EVILLE 101. ZIP CODE	· · · · · · · · · · · · · · · · · · ·		10a. CITIZI		XXYES 2	
116 WALNUT ST.				2161	7			ISA		
11. MARITAL STATUS	2. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS	DECENDENT OF HISPA		? (Specify Yee			- American I	odlan
1 Never Married 2 Merried	FORCES? 1 YES	2 X NO ATES	If ye	s, specify Cuben, Mexic YES 2 XNO Specif	an, Puerto R			Black, Specify	White, etc.	
3 Widowed 4 Divorced								opour	LIHM	'E
15. DECEDENT'S EDUCA' (Specify only highest grade co	FION mpleted) College (1-4 or 5 +)	16e, DECEDENT (Give kind o life. Do NOT	S USUAL OCCUM work done during use retired.)	PATION g most of working	16b.	KIND OF BUS	INESS/INOU	STRY		
6		SALES	SMAN		В	EER I	DISTR	RIBU	TOR	
17. FATHER'S NAME (First, Middle, Last)	~ -			16. MOTHER'S NA	AME (First, N	fiddle, Maiden	Surname)			
JAMES HAMMOND				BESS	IE S	CHUYI	ER			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	IG ADDRESS (Str	eet end Number or Rural	Route Numb	er, City or Town	n, State, Zip C	Code)		
FRANCES R. HAMI	MOND	116	WALN	UT ST.,	CENT	REVII	LE,	MD	21617	,
20e. METHOD OF DISPOSITION XXBurlel 2 Cremation 3 Removi 4 Donation 6 Other (Specify)		PLACE AND DATE etery crematory or IESTERI		N(Name of CEMETERY	OATE	_	CATION — CI		n, State	
21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAM	E AND ADDRESS OF FA	CILITY	-			117 110	
Maris	· Pronts	×		NAM FUNE S. HARR				TON	, MD	2160
23. PART I. Enter the diseases, or cor shock, or heart failure. Lis	nplications that caused	the death. Do	not enter the	mode of dying, suc	h as card	lac or respi	ratory arres	st,	Approxi	mate
IMMEDIATE CAUSE (Final	it only one cause on ea	scn line.		1	^					Between nd Death
disease or condition resulting in death)				ascu	0				100	to
	DUE TO (OR AS A	CONSEQUENCE	OF):							
Sequentially list conditions, b.										
if sny, lasding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE	OF):							
CAUSE (Disease or injury C.	DUE TO (OR AS A	CONSEQUENCE	DED.						-	
that initiated events resulting in death) LAST	DUL TO (ON AS A	CONSECUENCE	orj.						i i	
d									-	
PART ii. Other significant conditions	contributing to death be	ut not resulting	in the under	ying cause given in	Part i.	24a. WAS AN		24b. 1	WERE AUTOPSY	FINDINGS
						PERFOR		1 (AVAILABLE PRIC	
·							7		DF DEATH?	1 NO
					_					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	I CODITAL			B. PLACE OF DEATH (Ch	eck only one)				
	OSPITAL: Inpetient 2 ER/Outpe	stient 3 🗆 DOA	OTHER:	Home 5 🗆 Residence	S 🗆 Other	(Specify)				
27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. Ti	ME OF 26c	INJURY AT WORK?	28d. DE\$6	CRIBE HOW IN	JURY OCCU	RED		
1 Natural 5 Pending Investigation				YES 2 NO						
3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, atc. (Speci	- At home, ferm,	street, factory,	office	261. LOCA City o	TION (Street a	nd Number or	Rural Ro	ute Number,	
						_				
	N: To the best of my knowledge the basis of exemplation									
2 MEDICAL EXAMINER:	on the basis of example to	endor investor	on, in my opinie	n, death occured at the	time, date	end piece, end	due to the	ceuse(e)	end menner e	stated.
296. SAGNATURE AND TITLE OF CERTIFIER	Ame	XX)	D 123	45		29d. DATE :	SIGNED (Month, Day, You	"
30. MAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	TH (ITEM 17) (Typ	Clocat	Stark	- Ce	at	150	U	617	/
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE		1 13	105		150		7//	
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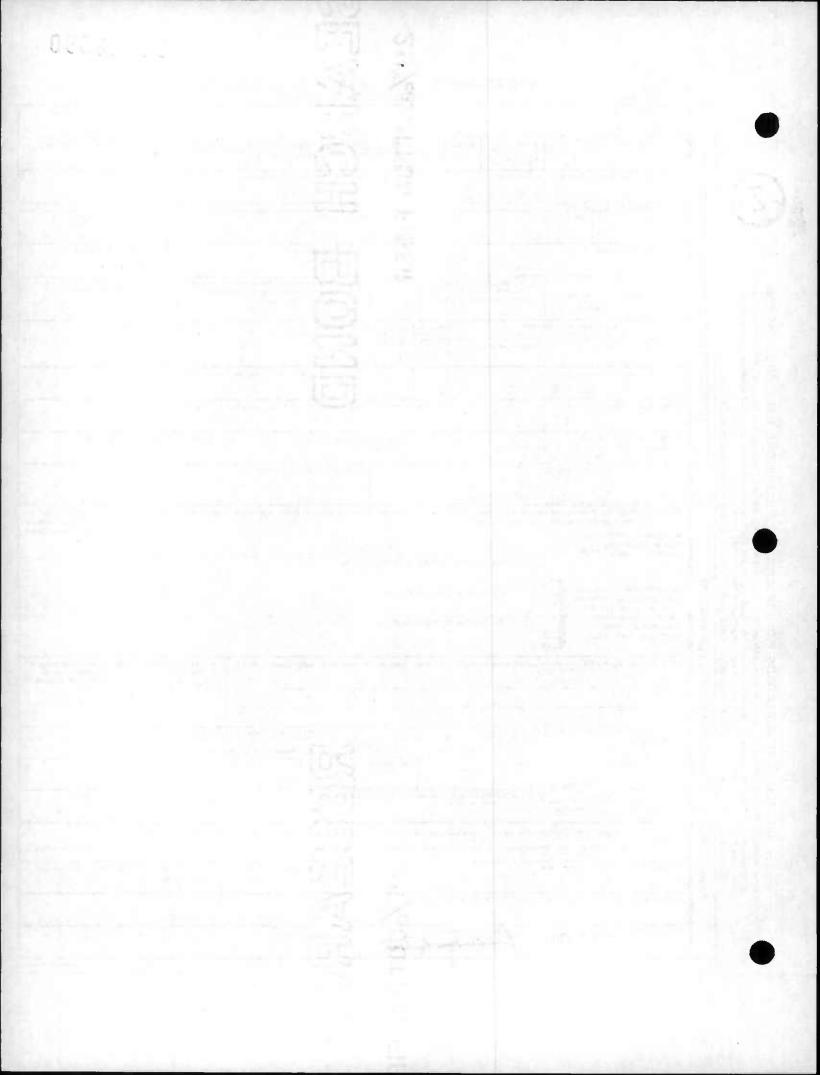


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BALTIMORE, MARYLAND 2121	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mounts after death. Plays 6 may be retained by the hospital or ann	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the tareral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remove	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR AT	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removed	lem 2
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- 12	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		-			OF DE		_	3. NO.		_	1	
	CIAPL 0	PALTE	min	1 1	lann		00	2. DATE OF DEA	DI	W	YEAR		WE OF DEATH
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. las		IF UNDER 1	50 N	HOER 24 HRS.	7. DATE OF BIR	12,	19	94		2 • 20 A
		1 ⊠ M 2 □ F	5 4	YRS.		DAYS HOU		(Month, Day, 1	ber)		Cou	ntry)	
	9a. FACILITY NAME (If not institution, give atn		31	9b. CITY, TOWN OR LOCATION OF DE						yland			
			Canta		1200			EAIH					2 - 2
Simple of the state Anne Arundel M	edicai	center	Annapolis			Anne			ne	Art	indel		
	10a. STATE 10b. COUNTY	10b. COUNTY			10c. CITY, TOWN OR LOCATION								INSIDE CITY
5	Maryland Que	e's							YES 2X XNO				
DI LONEUAL	10e. STREET AND NUMBER									OUNTRY?			
	902 Worcester	Dr.				21	666			U	.S.	Α.	
	11. MARITAL STATUS							NIC ORIGIN? (Spec		or No-	14. RA	CE - An	nerican Indian,
	1 Never Married 2 Married FORCES? 1 YES 23									hite			
	3 Wildowed 4 Divorced											N.	urre
	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)			Work done du	CUPATION uring most of v	vorking	16b. KIND	OF BUS	SINESS/IN	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	+)								,		
IO BE COMPL	12 17. FATHER'S NAME (First, Middle, Last)		Ma	acni	nist	I m		ME (First, Middle, I		ing	nou	ıse	
	William Samuel	Clark	Sr					ret Luc			rie	on	
		CIUIN										.011	
	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Jacquelin D. Clark 902 Morgostor Dr. Stoxyonsxillo Md 21666												
	Mrs. Jacquelin D. Clark 902 Worcester Dr., Stevensville, Md.21666												
	20s. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of camelory, crematory or other place)												
	4 Donation & Other (Specify) Metro Crematory Aug. 13.1994 Baltimore, Md.												
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	Met	ro	Crema 122. N	atory	DRESS OF F	13,19	9.4	Bal	tim	ore	Md.
		ENSEE	- I Met	ro (22. N	AME AND AD	DRESS OF FA	CILITY					, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE	Heli	lenker	i	1 0 e	ame and ab om He 6 Sha	elfen amroc	bein Fi k Rd.,	une Ch	eral	Ho	mes	
	21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, pr ct	Omplications the	lenger at caused the de	eath. Do i	1 0 e	ame and ab om He 6 Sha	elfen amroc	bein Fi k Rd.,	une Ch	eral	Ho	mes Mo	P.A. 1. 2161!
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	21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the disease, pr ct shock, or heart fellure. L immediate Cause or condition resulting in desth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	It caused the duse on each line (OR AS A CONSE	outh. Do sale.	22. N TC 10 on the state of the	AME AND ARD ON HE	of DEATH (C)	Part I. 24a. y	Ch reapi	eral lest ratory ar	Ho er, reat,	Model Model	Approximata Interval Between Oneet and Death Part Autopsy Findings Able Prior to Letton of Cause EATH?
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	23. PART I. Enter the disease, proceed abook, or heart fellure. Leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 6 Pending Investigation 3 Suicide 6 Could not be distermined.	DUE TO DUE TO	COR AS A CONSE OR AS	outh. Do sa. OUTHOUSE OF OUTHOUSE OF OUTHOUSE OF OUTHOUSE OF OUTHOUSE OF OUTHOUSE OF OUTHOUSE OUTTO	22. N TC 1 0 0 not anter t F): F): OTHER: 4 Nursilis off 1 Nursilis	lariying cau 26. PLACE ing Home 5 28c. INJURY VES Ty, office	DRESS OF FACE OF LA MITOC I dying, auditorial dy	Part I. 24a. v. heck only one) 6 Other (Special Describe) 261. LOCATION City or Town	Chreat in the control of the control	AUTOPSY MED? NO	HO er, reat,	Ab. WERE AVAIL. COMPTOF DE	Approximata interval Between Onset and Daati autopsy Findings able Prior to Letton of Cause Eath?
	23. PART i. Enter the diseases, proceed ahook, or heart fellure. Leading in desthing the conditions of any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO DUE TO	COR AS A CONSE OR AS	outh. Do s B. OUTHICE OF THE STATE OF THE	22. N TC 100 not anter t F): F): OTHER: 4 NursiliE OF JURY M street, fector	AME AND ADDOM HE OF THE PROPERTY OF THE PROPER	DRESS OF FA	Part I. 24a. v. 1 24a. v. 1	Chromatic Chromatic	AUTOPSY IMED? NO NJURY OC	HOEY, reat,	Mo Mo Mo Mo Mo Mo Mo Mo Mo Mo Mo Mo Mo M	Approximate interval Between Onset and Daath Part Autopsy Findings ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO



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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perpir. Programmer 2 should be detached for use as the burial-transit perpir. Programmer 2 should be detached for use as the burial-transit perpir. Programmer 2 should be detached for use as the burial-transit perpir.	MPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
OIV	O THE HOSPITAL OR /	O THE FUNERAL DIRE e filed within 72 hours	MPORTANT: It item

FOR 1 - STATE

REGISTRAR		CERTIF	ICALE	PUEAIH	REG. NO).		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY Y	3. TIME OF DEATH	
William Jame					Aug. 17	1994	10:30P M	
4. SOCIAL SECURITY NUMBER	The second secon	E (In yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTNPLACE (State or Foreign Country)	
214-34-8575	1 🔀 № 2 🗆 F	82 YRS.		THE WAR	Feb. 22,	1912 Maryland		
9e. FACILITY NAME (If not institution, give	ART CO.		9b. CITY, TOW	OF DEATH				
Anne Arundel RESIDENCE OF DECEDENT 100. STATE 100. COUNT Maryland Que	Medical Ce	nter	Anna	e Arundel				
RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	ry	10c CIT	Y, TOWN OR LO	CATION			10d, INSIDE CITY	
Maryland Oue				sville			LIMITS?	
	CHAIME 5		T	101. ZIP CODE		1 TYES 2 NO		
10a. STREET AND NUMBER 302 Lovepoint 11. Marital Status	Poad			21666			S.A.	
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN ILE ADMED						
1 Never Merried 2 Merried 3 Widowed 4 Divorced	I IF YES GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexicen, Puerio Rican, etc.) 1 ☐ YES 2 ☐XNO Specify: 1. ☐ YES 2 ☐XNO Specify:				
	UCATION	16a DECEDENT'S	White					
(Specify only highest grad	le completed)	(Give kind of life. Do NOT us	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					
Elementary/Secondary (0-12)	College (1-4 or 5+)							
Farmer and State Highway Roads 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surreme)								
WILLIAM RODIS	min Hollin	gsworth			Louise		ns	
19e. INFORMANT'S NAME (Type/Print)			ADDRESS /St		l Route Number, City or To			
Mrs. Joan V.	Poet			223 Qu	eenstown	, Md.	21658	
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Red 4 Donation 5 Other (Specify)	1 Burlei 2 Cremetion 3 Removal from State cametery, crematory or other place) Aug. 20, 1994							
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
1 7 /1	Tom Helfenbein Funeral Homes, P.A. 106 Shamrock Rd., Chester, Md. 2161							
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	DUE TO (OR AS	ebrovasco B A CONSEQUENCE O	F):	Acude	int		Interval Between Onset and Daath	
If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	F):					
CAUSE (Disease or Injury	C. DUE TO (OR AS	A CONSEQUENCE O	5 .					
that initiated events resulting in death) LAST	DOE TO (OR AS	A CONSECUENCE O	r).					
	d							
Dielse	can	but not reaulting	in the underl	ying cause given i	Part I. 24a, WAS A PERFO	PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	_							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	check only one)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/O		4 - Nursing I		6 Other (Specify)			
	26e. DATE OF INJUR (Month, Day, Year			INJURY AT WORK?	28d. DESCRIBE NOW	INJURY OCCUP	ED	
2 Accident Investigation				YES 2 NO				
2 Culatita	28e. PLACE OF INJU building, etc. (S)	RY — At home, farm, pecify)	street, fectory, o	office	28f. LOCATION (Street City or Town, Stell		Rural Route Number,	
	SICIAN: To the best of my know						ause(a) end manner ee stated,	
				29c. LICENSE N			IGNED (Month, Day, Year)	
The arch	coul 1-			DZ-	4064	290. DATE S	18 Q 1	
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) /5	Print)	1 1 37		1,0	10/74	
(BZ E. Main	St. Steve	insulle	MO	2166	ob Jan	res Ch	ambelan, as	
31. DATE FILED (Month, Day, Year)	32. REMISTRARIO SH	NATURE						

P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; after this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, o

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR					MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) Helen Ann He							2. DATE OF DEATH MONTH DAY	1994 YEAR	3. TIME OF DEATH 10:17 A M			
	4. SOCIAL SECURITY NUMBER 220-24-3422	5. SEX 8. AGE	(In yrs. lest birthdey) 73 YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-25-21		HPLACE (State or Foreign try) W.VA.			
æ	99. FACILITY NAME (If not institution, give 9741 Howes Road	street and number)		9b. CITY		Rickirk			ec. COUNTY OF	DEATH			
5	RESIDENCE OF DECEDENT				Dui	IVITY			Calv	erc			
DIRECTOR	10e. STATE 10b. COUNT	TY		Y, TOWN O		ION				100. INSIDE CITY LIMITS? 1 X YES 2 NO			
	10e. STREET AND NUMBER				10f	ZIP CODE	P		10g. CITIZEN OF	WHAT COUNTRY?			
ER	3209 Pelham Ave	enue				21	213			U.S.A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR O	2 X NO		If yes, spe	ENDENT O Helfy Cuba X NO	IC ORIGIN? (Specify Yes on puerto Ricen, etc.)	r No— 14. RAC Black Spec	E — American Indian, ck, White, atc. chy: White				
E	15. DECEDENT'S EDI (Specify only highest grad	JCATION le completed)	16a. DECEDENT'S (Give kind of	USUAL O	CCUPATIO	N et of workin	0	16b. KIND OF BUSIN	IESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u	se retired.)									
MP	12 17, FATHER'S NAME (First, Middle, Last)		House	nte					Home				
00	Emory Asbury Lo	byc				18. MOTI		ME (First, Middle, Meiden Su Lie Sabina					
BE	19e. INFORMANT'S NAME (Type/Print)	<i>51</i> 4	195 MAII INC	Anness	s (Street a	ad Mumbar		Toute Number, City or Town,					
5	Carolyn M. Dist	ler							0754				
	20e. METHOD OF DISPOSITION 1 Burlel 2 & Cremation 3 Rec	20	b. PLACE AND DATE	OF DISPOS	SITION (Na	me of			TION — City or 1	own, State			
	4 Donation 5 Other (Specify)		wetropo11	22.	NAME AN	D ADDRES	SS OF FAC	CILITY					
	Rausch Funeral Home, PA Owings, MD 20736 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate												
7	ahock, or beert failure IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a	each line.	·wi				ein du		Interval Between Onset and Death			
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	F):									
CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):					544				
	PART II. Other aignificent condition	na contributing to deeth	but not resulting	in the ur	deriving	COURA	alven in	Part J. 24s. WAS AN AL	IMPREV 24	b. WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL							jivon in	PERFORMI	ED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL				28. PL	ACE OF D	EATH (Che	ock only one)					
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out	tpatient 3 DOA	OTHE		5 E R	sidence	8 Other (Specify)	13. THE				
ву Рну	27. MANNER OF DEATH 1 Heliural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)		IE OF JURY M		URY AT RK? YES 2	NO	28d. DEŞCRIBE HOW INJ	URY OCCURED	La Maria			
										Route Number,			
COMPLETED	onel —	SICIAN: To the best of my know								(e) end menner as stated.			
BE	296 ANGNATURE AND THE OF CERTIFI	2					2-6	IBER C	P 9 -	5-94			
T0	30. NAME AND ADDRESS OF PERSON W	Jeschl	Ke, W	D, Print)		0	ie	ings, n	5 Can	20736			
	SEP 1 9 1994	32. REGISTRAR'S SIG	NATURE N-Randall										

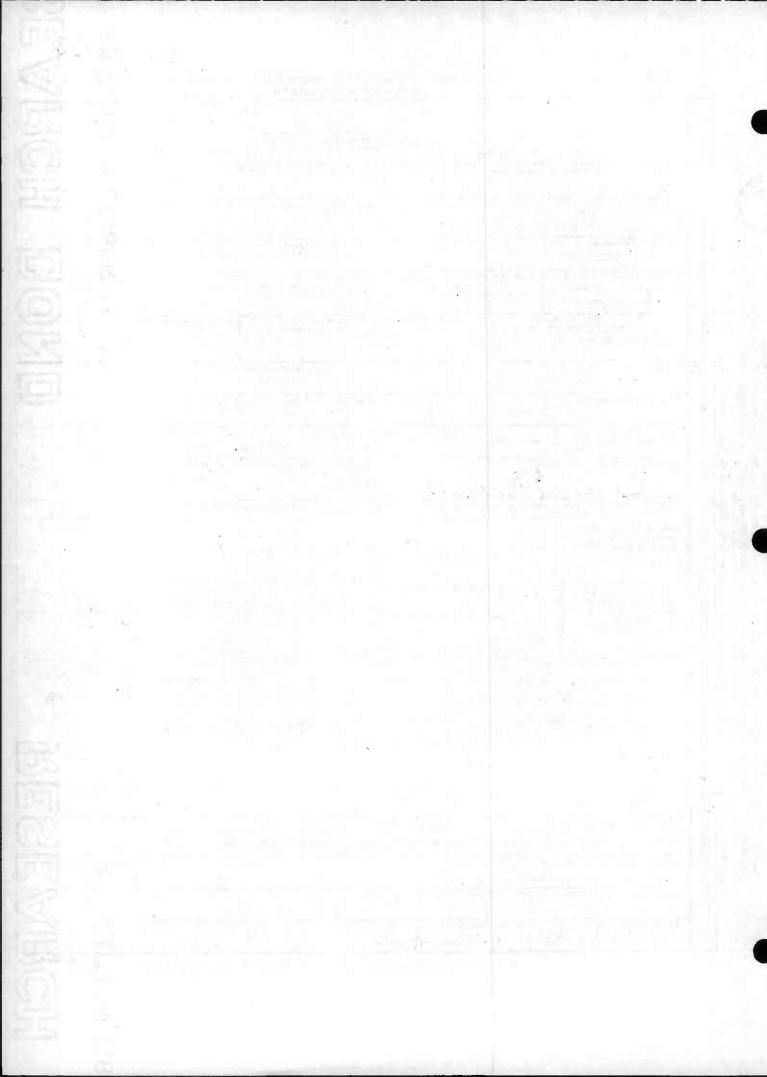
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permate filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	HEGISTHAH		CL	EKIIF	IVALL	_ OF	DEAL	п		REG. NO.			
	1. DECEDENT'S NAME (First, Middle LONA F								MONT	OF DEATH D		YEAR 94	3. TIME OF DEATH 10:05 PM
	4. SOCIAL SECURITY NUMBER 215-46-4828	5. SEX 1 M 2 F	6. AGE (In yrs. les 101	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE Dec	of BIRTN h. Day 46ar) 1	892	6. BIRTI	PLACE (State or Foreign Thington, DC
	9a. FACILITY NAME (If not institution	, give street and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DE					DEATH
TOR	SACRED HEAR				HYATTSVILLE						PRI	NCE	GEORGE
DIREC	10e. STATE 10b. (ntgomery		à .	y, town o					LI			10d. INSIDE CITY LIMITS? 1 YES 24 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 27 Pine Av	е.				101	ZIP CODE	12			10g. CITIZEN OF WHAT COUNTRY U.S.A.		
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR	MED		If yes, sp	ENDENT Cuba	n, Mexica	n, Puerto	V? (Specify Yea Rican, atc.)	or No—	Blac	E — American Indian, k, White, atc. any: White
COMPLETED	15. DECEDENT (Specify only highes Elegendary/Secondary (0-12)	USUAL Owork done se retired.)	CCUPATIO	ON st of workin	g		J.S. (ent			
BE COM	17. FATHER'S NAME (First, Middle, L. Joseph H. H.				18. Моті Ва	rba	ME (First,	Middle, Maiden Save:	Sumame) rwal	.d	1 1 1		
TO B	190. INFORMANT'S NAME (Type/Print Francis C. V		E1	ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ellen Ct. Silver Spring, MD 20904									
	20a, METHOD OF DISPOSITION 12 Burial 2 Cremetton 3 4 Donation 5 Other (Specific	Removal from State				Cemetery 9/10/94Washington, D.C.							
	21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE			22.	. NAME AND ADDRESS OF FACILITY Takoma Funeral Home, Inc							
	23, PART I. Enter the diseese						2	1001	ton, D.C.				
CERTIFICATION	shock, of heart fat IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	a. Con DUE TO DUE TO C. DUE TO d.	PIO								Approximate Interval Between Onset and Daath		
MEDICAL	PART II. Other significant con	in the ur	the undariying ceuse given in Part I. 24a. WAS AN A PERFORM					MED? AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:					ACE OF D	EATH (Ch	eck only or	10)			
YSI	1 TYES 2 DANO		☐ ER/Outpatient 3	□ DOA	4 Salur		e 5 □ Re	sidence	8 🗆 Othe	r (Specify)			200 B 200
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investig			28b. TIM	IE OF JURY M		URY AT RK? YES 2) NO	28d. DE	SCRIBE HOW I	NJURY OC	CURED	194
	3 Suicide 6 Could a determine		street, fact	tory, offic			28f. LOC City	OCATION (Street and Number or Rurat Route Number, lity or Town, State)					
COMPLETED		PNYSICIAN: To the best of AMINER: On the beals of e											a) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CE	RTIFIER					29c. LICE			,	29d. DAT	TE SIGNED	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERS	ON WND COMPLETED CAU	SE OF DEATH (ITEI GREENWA	M 27) (Type	Print)	R			93 y		7	11/	7
	31. DATE FILED (Month, Day, Year) SEP 1 4	32. REGISTRA	AR'S SIGNATURE			11.	GKEI	TINDE	от I ,	PID.			
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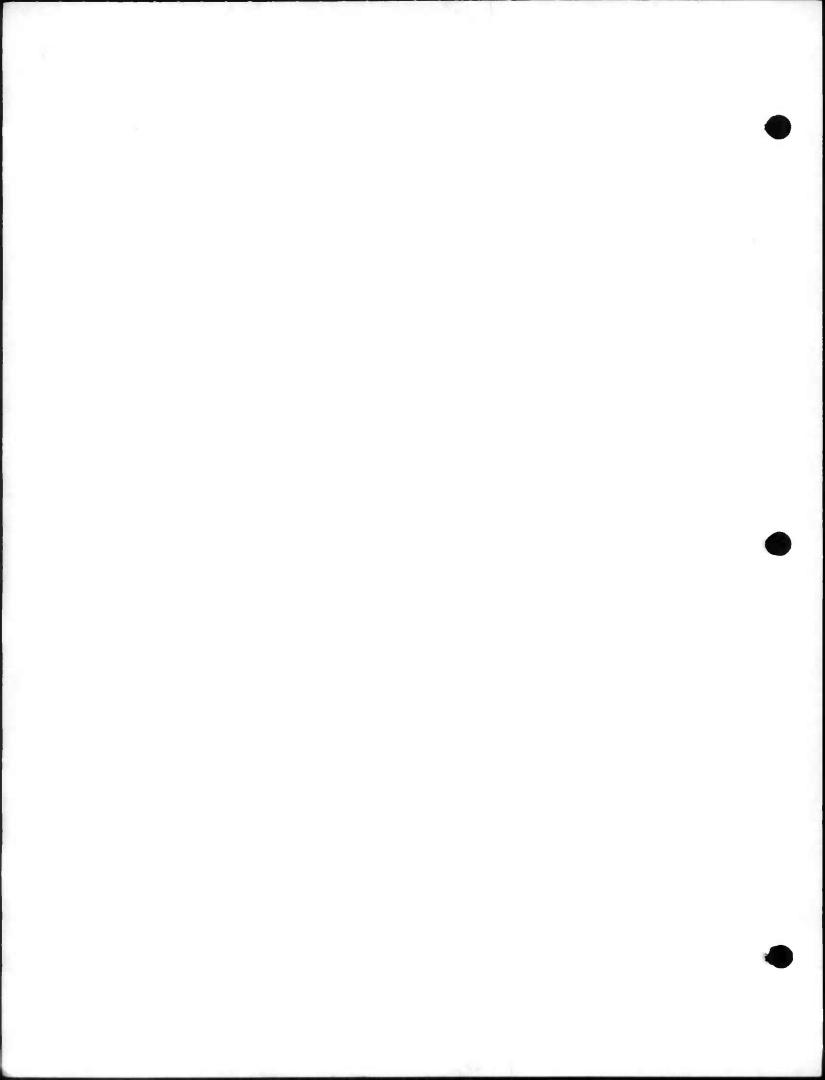




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5 should	death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	e marked or item 23 shows any injury or other fraumatic event the medical eventions must be medical as and
page		4
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	1 - FOR STATE REGISTRAR	STATE OF	MARYLAN	D / DEPAR CERTIF	TMENT	OF H	IEALTH DE A	AND	MENT	AL HYGIEN			
	1. DECEDENT'S NAME (First, Midd								MON	E OF DEATH	AV	YEAR	3. TIME OF DEATN
	Dorothy Wi		ilton						Se	pt. 11,	199	4	12 Noon M
	578-42-7894	5. SEX 1 M 2 X F	6. AGE (In yr.	s. iast birthday) YRS.	MONTHS	DAYS	HOURS	MIN.	(Mo	E OF BIRTH onth, Day, Year) V. 11,	.932	Country	PLACE (State or Foreign
œ	9e. FACILITY NAME (If not instituti					9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN							
ē	10806 Braebun				C	oLur	nbia				Но	oward	
BE	The state of the s	COUNTY			Y, TOWN O		ION						10d, INSIDE CITY LIMITS?
0	Maryland Howard Columbia 100. STREET AND NUMBER 100. CITIZEN OF												1 💢 YES 2 🗌 NO
FUNERAL DIRECTOR	10806 Braebur	n Road				101	210						
<u>z</u>	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO 11. WAS DECENDENT OF RISPANIC ORIGIN? (Specify Yee or No— It yee, specify Cuben, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 13. WAS DECENDENT OF RISPANIC ORIGIN? (Specify Yee or No— It yee, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — Arm Black, White Specify: Specify:												
BY F													y:
	15. DECEDENT'S EDUCATION 18e DECEDENT'S IISIAA OCCUPATION												Black
ETE	(Specify only high Elementary/Secondary (0-12)	est grade completed) College (1-4 or 5		(Give kind of a life. Do NOT us	work done o	during mo	st of working	ng	100	SB. KIND OF BU	SINESS/IN	DUSTRY	
COMPLETED		5+	· 1 .	Owner						Pre-sc	hoo1		
	17. FATNER'S NAME (First, Middle,				_					, Middle, Maiden			
B E	Lorenzo Wilso			105 MAII INC	4000500	400000				giana			
2	John M. Hamil	*								mber, City or Tow Imbia,			
	20e METNOD OF DISPOSITION 1 △ Burial 2 ☐ Cremation 3		20b. PLA	CEANDOATE	DE DISPOSI	ITION (No	me of			TE 200 LC	CATION	Che or Tou	- Plate
	4 Donation 5 Other (Spec	tfy)	Arli	ing t on	Nat!	. C	emet	ery	9/19	/94 F	t. M	yer,	Virginia
	21. SIGNATURE OF FUNDINAL SES	MICE LICENSEE		-	22. 1	NAME AN	ID ADDRE	SS OF FA	CILITY	ervice			
_	10000	11/11	2		74	00 (Georg	gia .	Ave.	N.W.,	Wasl	hingt	on, D.C.
		ea, or complications the fellure. List only one cau	t caused the se Dn eech	death. Do r line.	ot enter	the mo	de of dy	ing, suc	h as ce	rdlec or reap	iretory ar	rest,	Approximete interval Between
	iMMEDIATE CAUSE (Finel disease or condition	Respir	atory	Failur	e.								Onset and Death
	resulting in death)	е,		SEQUENCE OF									24 1115.
S O	Sequentielly list conditions,			static		ric	Cano	er					4 mon.
Ă	if any, leading to immediate cause. Enter UNDERLYING		(OH AS A CON	ISEOUENCE OI	7):								
Ĕ	CAUSE (Disease or Injury that initiated events	C. DUE TO	(OR AS A CON	SEQUENCE OF	7:								
CERTIFICATION	reaulting in deeth) LAST	d											
ا بـ	PART II. Other algnificent co	enditions contributing to	desth but n	ot resulting	n the und	derlying	ceuse	given In	Part i.				WERE AUTOPSY FINDINGS
MEDICA										PERFO		- 1	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
													1 🗆 YES 2 🗆 NO
Ž	25. WAS CASE REFERRED TO MED	DICAL				26 DI	ACE DF D	EATH (C)					
HYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatien	t 3 □ DOA	OTHER	:				er (Specify)			
PH	27. MANNER OF DEATN	28a. DATE OF (Month, D		28b. TIM	-	28c. INJ				SCRIBE NOW	NJURY OC	CURED	
В	12 Natural 5 Pendi 2 Accident Invest	ng Igation			М	1 🗆 Y	ES 2	NO					
	3 Suicide 6 Could 4 Nomicide determ	not be building.	etc. (Specify)	t home, farm, s	treet, facto	ery, office	•		281, LO C/t)	CATION (Street of or Town, State)	ind Number	r or Rural Ro	ute Number,
	29s. CERTIFIER 1 X CERTIFYIN	G PNYSICIAN: To the best of	my knowledge	doub conver	d =4 ab = 41=								
COMPLET		EXAMINER: On the basis of ex											end manner as stated.
BE C	296. SIGNATURE AND TITLE OF		1					NSE NUN					Month, Day, Year)
0	Marle A As	raque, M	Δ				FL	120	7		1000	EPT	15,1994
-	30. NAME AND ADDRESS OF THE	SON WHO COMPLETED CAUS	E OF DEATH (0:		4	۱ -	00	> 0	
	MERLE S. S. DR.F. 31. DATE FILED, (Morge, Open, Sper).	J.32. MEGISTINA Sura Davida	R'S SMARATIM	HUCIS/	7 WI	44,	01	VEY	1	10 2	08	52	
		Carlo Jaruela	-A-LAUNO	مبالال									



BALTIMORE, MARYLAND 21215-0020	mours after death. Page 6 may be retained by the hospital or attending physician.	r filled in by the funeral director, page 5 should be detached for use as the burial-transit permit ion, or removal.	the medical examiner must be notitied at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within clours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

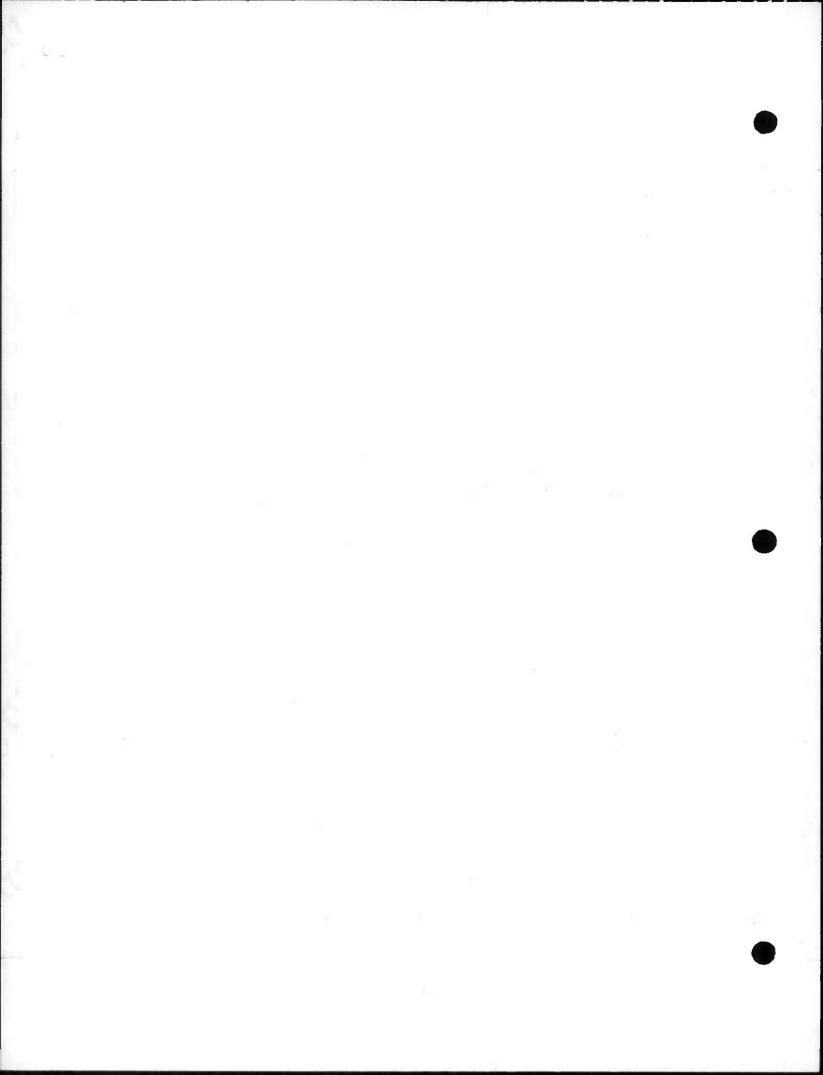
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

CTATE OF MADVIAND / DEDACTMENT OF HEALTH AND MENTAL HYDERIC

1 - STATE REGISTRAR		SIMIL OF I	MAN I LA	CE				F DEAT		MEN II	REG. NO	-		
1. DECEDENT'S NAME (First, Mide	idie, Lasi)										E OF DEATH			3, TIME OF DEATH
	Gei	rtrude	Leigh	s H	usse	У				Sej	ot. 15,		4	7:10 A M
4. SOCIAL SECURITY NUMBER		. SEX	6. AGE (Ir	yrs. last	t birthday)		DER 1 YEAR				E OF BIRTH		8. BIRTI	IPLACE (State or Foreign
218-34-0523	1	☐ M 2 🔀 F	90)	YRS.	MONTH	S DAY	e HOURS	MIN.	1	20, 1	904		" land
9a. FACILITY NAME (If not instituti	tion, give stree	t and number)				9b. CI	TY, TOW	N OR LOCATIO					NTY OF D	
1515 Gerard S							Roc	kvill	e			Мо	ntgo	mery
	COUNTY			_	10c. CIT	Y. TOWN	OR LO	CATION						10d. INSIDE CITY
Maryland N	Montgo	omery						ille						LIMITS?
10e. STREET AND NUMBER								10f. ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?
1515 Gerard	Stree	et						208	50			Uni	ted	States
11. MARITAL STATUS		2. WAS DECEDEN				1:	3. WAS D	ECENDENT O	F HISPAN	IIC ORIG	IN? (Specify Yes	or No—	14. RACI	E — American Indian, k, White, atc.
1 Never Married 2 Marr 3 Wildowed 4 Divorced		IF YES, GIVE Y						specify Cuba ES 2 X NO			Rican, etc.)		Spec	
15. DECEDEN (Specify only high	NT'S EDUCAT	TION		16a. DEC	CEDENT'S	USUAL	OCCUPA	ATION		16	b. KIND OF BUS	SINESS/INI	DUSTRY	
Elementery/Secondery (0-12)		College (1-4 or 5	+)	life.	Do NOT us	work don se retired	ne during i.)	most of workin	g					
7				Н	omema	akeı	r				Own	Home		
17. FATHER'S NAME (First, Middle,								18. MOTH	ER'S NA	ME (First,	Middle, Maiden	Surname)		
Thomas Leighs	5							Lot	iisa	Jan	e Sale			
19a. INFORMANT'S NAME (Type/P											nber, City or Tow			
Lynn H. Fox	ζ			15	515 (Gera	ard	Street	, Re	ockv	ille,	Mary.	land	20850
20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 4 Donation 5 Other (Special Control of Contro		from State						^{(Name o} 9/1 l Park		4 DA		cation —		wn, Stata Orida
21. SIGNATURE OF FUNERAL SE	WICE LICEN	SEE	1110	ouic	AWII I	2	2. NAME	AND ADDRES	S OF FA	CILITY	10110	indo,	110	Rockville,
Karnel	To	and		MOC	198	- 1	300	west	Mon	Laom	erv Av	enne		inc.
23. PART I. Enter the disease	sea, Dr con	npilcations tha	t ceused	the dea	ath. Do r	not ent	er the r	mode of dyl	ng, auci	aryl h es ce	and 2	ratory an	- 280 ^c rest.	Approximate
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	feliure. Lle	Cong	estiv	ch line. 7e H	eart	Fa								interval Between Onset and Death
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		DUE TO	(OR AS A C	CONSEO	UENCE OF	F):								
PART II. Other eignificant co	onditions c	ontributing to	death bu	t not re	eulting l	n the	underly	ing cause g	iven In	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE	CONTRIB	LITE TO CA	LISE OF	DEAT	TH VE	s i	NO	TV LINIC	ERTAIN		1			1 TES 2 NO
25. WAS CASE REFERRED TO ME	$\overline{}$	JOIL TO CA		-	E OF DEAT		_		EKIAI	<u> </u>	<u> </u>			
EXAMINER? 1 YES 2 NO		OSPITAL:	100		T	ОТНІ	ER:							
27. MANNER OF DEATH		28a. DATE OF	INJURY	Total S	28b. TIM		1	ome 5 XRe	Hoenca		er (Specify) SCRIBE HOW II	N.HJBY OC	CURED	
Natural 5 Pend	ling rigation	(Month, D	ay, Year)	I	INJ	URY M		WORK? YES 2	NO	2000				1
a Contain	d not be	28e. PLACE O	F INJURY -	- At hon	ne, term, s	street, fa			1,00	281. LO	CATION (Street 4	and Number	or Rural F	Route Number,
4 Homicide deter	mined	bullany,	etc. (Opocii)	,,						Uŋ	or Town, State)			
1		N: To the best of On the besis ot a												and manner ea stated.
296. SIGNATURE AND TITLE OF	CERTIFIER	0 1 1		_				29c. LICE	NSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)
	n.k.	1 10	1 /		L	~~		D0	6349	`				
	-	5 19	~	1		1		טע טע	0343	,		S	ept.	15, 1994
30. NAME AND ADDRESS OF PER John E. Kelly							Po				rland			15, 1994
30. NAME AND ADDRESS OF PER John E. Kelly 31. DATE FILED (Month, Day, Year)			l Res	ear	ch B		. Ro	ckvil			land	2085		15, 1994

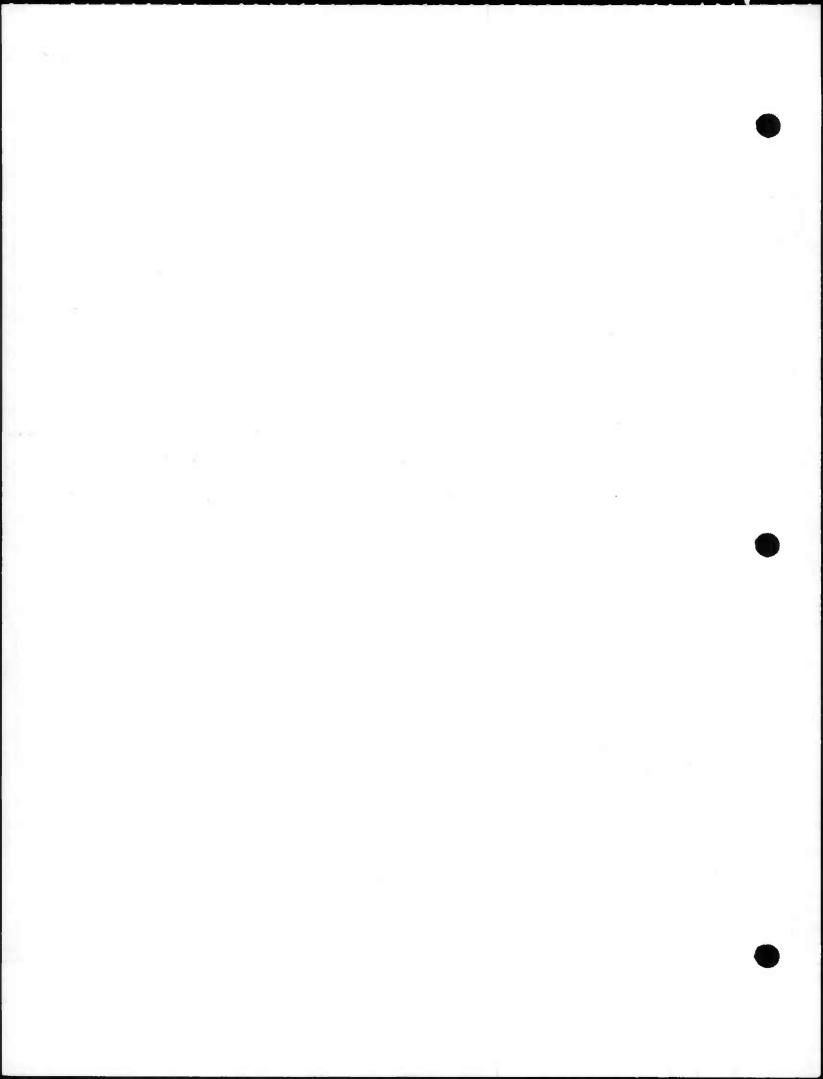


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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zx hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached author 20 hours after death with the Case Day of Boath Johnson and Marriel behavior and physician propagation of companies.	be med whilin it industance beauth will be class begin, or regulated migrate prior to be used, cremation, or remove. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	withir	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the in- he filed within 20 hours after death with the Crise Death of Markh and Meetal Handes price to build premaring a comman	vent,
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE 0		RTMENT OF HEALTH AND ICATE OF DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)		TOATE OF BEATTI	2. DATE OF DEATH	·	3. TIME OF DEATH
	Marga	ret J. Hall		September	10 1994	9:47 P M
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS		S. BIRT	HPLACE (State or Foreign
	415-12-7237 1 D M 2 🔀	1907 Virginia				
1	9a. FACILITY NAME (If not institution, give street and number		9b. CITY, TOWN OR LOCATION OF		9c. COUNTY OF	
O.B.	Collington Esipcopal Life Car	re Community	Mitchellville		Prince	George's
ដ្ឋា	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c, CI	Y, TOWN OR LOCATION			10d, INSIDE CITY
DIRECTOR	Maryland Prince Geor		tchellville			LIMITS?
	10e. STREET AND NUMBER	90 0 111	10f. ZtP CODE		10g. CITIZEN OF	WHAT COUNTRY?
ER/	10450 Lottsford Road		20721		United	States
FUNERAL	11. MARITAL STATUS 12. WAS DECE	DENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISP		a or No— 14. RAC	CE — American Indian, ck, White, atc.
BY F	1 Never Married 2 Married IF YES, GI	1 YES 2 NO VE WAR OR DATES	If yea, specify Cuban, Max 1 YES 2 NO Spe		Spe	city:
	15. DECEDENT'S EDUCATION	400 DECEMBRITION	USUAL OCCUPATION			White
COMPLETED	(Specify only highest grade completed)	(Give kind of	work done during most of working	166, KIND OF BU	SINESS/INDUSTRY	
PL	Elementary/Secondary (0-12) College (1-4 o	Teach	er	Colle	eae	
O	17. FATHER'S NAME (First, Middle, Last)			NAME (First, Middle, Malden	<u> </u>	
i w	John Jinks		Nancy	Mather		
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Number or Run	al Route Number, City or Tow	vn, Stete, Zip Code)	
F	Richard M. Hall	3244	Chestnut Street	, NW, Wash	ington, [C 20015
	20a. METHOD OF DISPOSITION 1 □ Buriat 2 以 Cremation 3 □ Removat from State	20b. PLACE AND DATE cemetery, crematory or of	OF DISPOSITION (Name of other place)	DATE 20c. LO	CATION — City or 1	own, State
	4 □ Donation 5 □ Other (Specify)	Baltimore-	Washington Cren		∪rel, Mai	ryland
	900 (1/	0	Rapp Funeral	Services,	P. A.	
	Cillen W.	app	933 Gist Ave			_MD 20910
	23. PART i. Enter the diseasas, or complications ehock, or heert feilure. Liet only one	that caused the death. Do ceuse on each line.	not enter tha mode of dying, a	Jch as cardlec or reap	Iratory arrest,	Approximate Interval Between
	iMMEDIATE CAUSE (Finel disease or condition	1	er Accide	7		Onset and Death
		TO (OR AS A CONSEQUENCE O		7		2 weeks
_		TO (ON AS A CONSCIOUENCE O	r).			
9	Sequentially list conditions, if any, leading to immediate	TO (OR AS A CONSEQUENCE O	F):			
3	Cause. Enter UNDERLYING CAUSE (Disease or injury					
E	thet initieted events put	TO (OR AS A CONSEQUENCE D	F):			
CERTIFICATION	d					
ابا	PART II. Other significent conditione contributing	to deeth but not resulting	in the underlying cause given	in Pert i. 24a. WAS AN		b. WERE AUTOPSY FINDINGS
MEDICA				PERFOI	THE CO.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME						1 TYES 2 X NO
ż	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF DEATH Y	S NO UNCERTA	IN 🗆		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL		TH (Check only one) OTHS#:			
ΙΧ	1 YES 2 No 1 Inpatient	2 ER/Outpatient 3 DOA	4 Nursing Home 5 - Residence			
		OF INJURY th, Day, Year) 28b. TiN	JURY WORK?	28d. DEŞCRIBE HOW	INJURY OCCURED	
BY	2 Accident Investigation 3 Suicide 8 Could not be 28a. PLA	E OF INJURY — At home, ferm,	M 1 YES 2 NO	281. LOCATION (Street	and Number or Dissi	Pouts Mushan
	4 Homicide datarmined build	Ing, atc. (Specify)	ander, rectory, office	City or Town, State)	node Namber,
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the be	if of my knowledge death ac-	ad at the time date and story at 1	us to the country of		
MP	(Check only one) 2 MEDICAL EXAMINER: On the basis					a) and manner ee stated.
E CC	29b. SIGNATURE AND TITLE OF CERTIFIER		29c LICENSE N			D (Month, Day, Year)
00	Dorld Gobbonoute	Attending	D 25079		D 9/11	124
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED				./,	
	Don H. Yablonowitz, M.		enbelt Road, #3	.01, Seabro	ok, MD 20	0706
		TRAR'S SIGNATURE	2			
	1 0	- www.indotMasterne	11 77			
						DHMH-16 Rev 1/89





FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

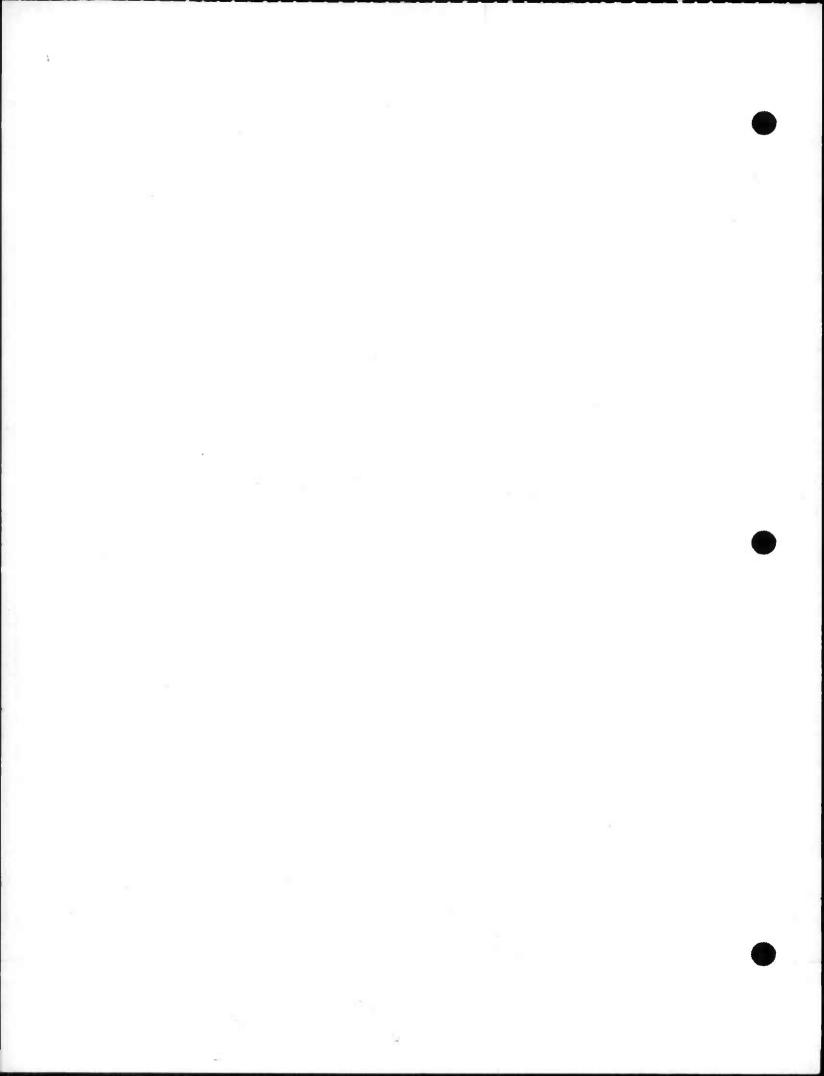
1 - STATE REGISTRAR		OTALE OF T	CE		CATE O		H	MENTAL	REG. NO.	_		
1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE	OF DEATH			3. TIME OF DEATH
ANN	FI	NNIN	HA	LEY				Sep	tember	7,	1994	5:23 A.m
4. SOCIAL SECURITY NUME	IER	5. SEX	6. AGE (In yrs. last	-	IF UNDER 1 YEAR			7. DATE	OF BIRTH	207	8. BIRTH Countr	PLACE (State or Foreign
212-64-0520		1 🗆 M 2 🔀 F	86	YRS.	ONTHS DAYS	HOURS	MIN.	Dece	mber 3	31,		ington, DC
90. FACILITY NAME (If not in	stitution, give st	treet and number)		1	Bb. CITY, TOW	OR LOCATIO	ON OF DE				INTY OF D	
3908 Par	SONS	Road			Chevy	ry						
10+. STATE	10b. COUNTY	,		10c. CITY,	TOWN OR LOC	ATION						10d. INSIDE CITY
Maryland	Mont	gomery		Ch	nevv	Chase						LIMITS?
10e. STREET AND NUMBER						of. ZIP CODE				10g. CI	IZEN OF V	HAT COUNTRY?
3908 Pars	ons	Road					0815			U.S.	Α.	
11. MARITAL STATUS 1 Never Merried 2	Merried	FORCES? 1	T EVER IN U.S. ARM	NED D	If yes,	specify Cubs	n, Mexica	n, Puerto F	? (Specify Yee Rican, etc.)	or No-	Black	— American Indian, t, White, etc.
3 ₩ Widowed 4 □ Divo	rced	W TES, GIVE V	MIN ON DATES		'""	S 2 X NO	Speciny	<i>/</i> :			Speci	White
	EDENT'S EDUC highest grade		18e. DEC	EDENT'S US	SUAL OCCUPA rk done during i	TION	a.	16b.	KIND OF BUS	INESS/IN	DUSTRY	WILLE
Elementary/Secondary (0		College (1-4 or 5	life	Do NOT use	retired.)	nost of working	9					
12			Home	maker					Own 1	Iome		
17. FATHER'S NAME (First, M	iddle, Last)					18. MOTH	IER'S NA	ME (First, A	fiddle, Maiden	Surname)		
Thomas		Finni	Y				sett				Saund	ers
190. INFORMANT'S NAME (7	ype/Print)				DDRESS (Stree							
<u>Michael A</u>		ley	10	800	Sidney	Roa	d, S	ilve		_		land 20901
20e. METHOD OF DISPOSITI	n 3 🗆 Remo	oval from State	complant cross	antony or othe	DISPOSITION (DATE			City or To	
4 ⁴ Donation 5 □ Other		ander .	Gate o	f Hea	ven Ce				Silv	er S	Sprin	g, Maryland
21. SIGNATURE OF PUNERA	rest	E. Ro	msly		FRANCI	AND ADDRES S J. IIVERS	COLI	TNS	FUNERA	L HO	OME,	INC. ., MD 20901
23. PART I. Enter the di	seasea, Dr c	omplications that	t caused the dea	th. Do no								Approximate
ahock, pr he IMMEDIATE CAUSE (Fin disease pr condition	eart failure. I	List only one cau	se on each line.									Interval Between Onaet and Death
reaulting in death)		DUE TO	(OR AS A CONSEO		11/							1 den
		b										
Sequentially list conditi If any, leading to immed	diate	DUE TO	(OR AS A CONSED	UENCE OF):								
cause. Enter UNDERLYI CAUSE (Disease or Inju		D	(OD 40 - OO)									
that initiated eventa resulting in death) LAS	r	DUE TO	(OR AS A CONSEC	JENCE OF):								i 1
, , , , , , , , , , , , , , , , , , , ,		1										
PART II. Other significa	nt conditions	s contributing to	death but not re	suiting in	the underlyl	ng cause g	iven in	Part I.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
								_	123 2	ya no		DF DEATH? 1 ☐ YES 2 1 NO
DID TOBACCO U	SE CONTR	RIBUTE TO CA	USE OF DEAT	H YES	□ NO I	X UNC	ERTAIN					TO ILS Z INNO
25. WAS CASE REFERRED TO					(Check only on		-1(1) (11	<u>, </u>				
EXAMINER?		HOSPITAL:	ER/Outpetient 3	DOA 4	THER:	me 5 D Re	sidence	6 □ Other	(Specify)			
27. MANNER OF DEATH		28e. DATE OF (Month, D		28b. TIME	OF 28c, II	JURY AT			CRIBE HOW IN	JURY OC	CURED	
	Pending Investigation	(Monar, D	ay. rear)	INJUF		ORK? YES 2	NO					
2 Culatida	Could not be	28e. PLACE O	F INJURY At honetc. (Specify)	e, ferm, str	et, fectory, of	Ice		281. LOCA	ATION (Street e.	nd Numbe	r or Rural R	oute Number,
4 Homicide	defermined		(Oily t	or nown, state)			
290. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledge, dea	th occurred	at the time, de	te end piece.	end due	to the cau	se(s) end man	ner en ste	ted.	
1												end menner ee stated.
29b. SIGNATURE AND TITAE						29c, LICE						(Month, Day, Year)
V.	1- Ch	allam	mo			DI	+20	519	8		-0	08-94.
30. NAME AND ADDRESS OF		COMPLETED CAUS	SE OF DEATH (ITEM	CACU	int)	Pike	#	316,	Rock	EUIL	LE, 1	MDZ085Z
31. DATE FILED (Month, Day,	2 1994	32. DEGISTRA	BIS SIGNATURE	ndelle				_				

BALTIMORE, MARYLAND 21215-0020

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the float fleat fleath. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,



TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF N		/ DEPAR					MENTAI	REG. NO.	E			
1. DECEDENT'S NAME (First, DANIEL	, Middle, Last)	к.	шп	STON					2. DATE MDNTH SEP	of DEATH	7 10	954	3. TIME OF DEATN	
4. SOCIAL SECURITY NUMBER	BER	5. SEX	B. AGE (In yrs. I		IF LINDS	R 1 YEAR	IF UNDER 2	M MOR		DF BIRTH	, -		0230 A M PLACE (State or Foreign	
480 76 7888		1 🔯 M 2 🗌 F	31	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	y)				
96. FACILITY NAME (If not in	stitution, give s		21		9b. CIT	Y. TOWN C	R LOCATIO			1, 19		NTY OF DI	Iowa	
2300BLK.		STREET				HEATON MONTGOMERY								
RESIDENCE OF DEC	10b. COUNTY	,	40- 017	00 1 001			_							
Virginia	100. 000111	_		andria							10d. INSIDE CITY LIMITS? 1 K YES 2 NO			
10e. STREET AND NUMBER		-				10f.	ZIP CODE				10g. CIT	IZEN OF W	THAT COUNTRY?	
317 North Pa	atrick	Street				22314				Uni	ted S	States		
11. MARITAL STATUS 1 X Never Married 2 3 Wildowed 4 Divo	If yes, spe	ENDENT OF ecify Cuben, 2 X NO	, Mexicer	n, Puerlo F	? (Specify Yee Nicen, etc.)	or No—	14. RACE Black Specif	- American Indian, White, etc. White						
	EDENT'S EOU		16a. C	ECEDENT'S	USUAL C	CCUPATIO	N et of working		16b.	KIND OF BUS	INESS/INC	DUSTRY		
Elamentary/Secondary (0		College (1-4 or 5 +	- 16	fe. Do NOT us	se retired.)	during mod	at or working		Re	eid & 1	Prie	st		
		5+		Attor	ney				La	aw Fir	m			
17. FATNER'S NAME (First, M. Don L. Husto									- 1	diddle, Maiden : hnson	Sumame)			
19e. INFORMANT'S NAME (7)	ype/Print)		1	9b. MAILING	ADDRES	S (Street a	nd Number o	or Burel B	loute Numb	er, City or Town	State Zir	Code		
Don L. Husto	on									erly,			77	
20a, METNOD OF DISPOSITI 1 ☑ Burlel 2 ☐ Crematio 4 ☐ Donation 5 ☐ Other		oval from State	cemetery, c	AND DATE or or or or or or or or or or or or or	ther place,	1		1/12	DATE			City or Ton		
21. SIGNATURE OF FUNERAL		ENSEE	- narr	ington Cemetery 9/13/94 Waver 22. NAME AND ADDRESS OF FACILITY Robert A. Home/Bethesda-Chevy Chase,							A Pi	ımphı	rev Funeral	
* Iffy	1) Lit	1 June	100689		HO	me/B	ethes	da-	Chevy	/ Chas	e, II	nc.	7557 0814 - 3501	
23. PARTIL Enter the discook, or his immediaTE CAUSE (Fin disease or condition resulting in death)	eart fallura. Ial	Emplications that List only one cau s. Lines DUE TO	se on aach IIr	18.								rest,	Approximate interval Batween Onset and Daath	
Sequantially list condition if any, leading to immediate. Enter UNDERLYI CAUSE (Disease or injusted initiated events resulting in death) LAS	diata NG ry	c	(OR AS A CONSI											
PART II. Other algnifica	nt condition	a contributing to	death but not	raaulting	in the u	ndarlying	cause giv	van in I	Part I.	24a. WAS AN /		24b.	WERE AUTOPSY FINDINGS	
										PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
									_	INA ILI			OF DEATH? 1 SEYES 2 □ NO	
DID TOBACCO U	SE CONTI	RIBUTE TO CA	USE OF DE	ATH YE	sΠ	NO 🗵	UNCE	RTAIN					NA ICO I LINO	
25. WAS CASE REFERRED TO				CE OF DEAT			01102		1					
EXAMINER?		HOSPITAL: 1 Inpatient 2	ER/Outpatient	3 DOA	OTHE		5 🗆 Resi	idence i	s X Mither	(Specify) S	CEN	fe.		
27. MANNER OF DEATN		28a. DATE OF (Month, Da	INJURY	28b. TIM	E OF	28c. INJU	JRY AT			CRIBE NOW IN	_			
	Pending inveatigation	9/9/0	74	012	O M	1 🗆 Y	ES 2 💢	NO	SUBJ	ETT SI	TOT			
	Could not be datarmined	26e. PLACE Of building,	F INJURY — At hetc. (Specify)	OME, ferm, I		tory, office			City o	TION (Street or or Town, State)	WHEA	TON	MD	
29a. CERTIFIER									_	BLOCK, F			et .	
		CIAN: To the best of R: On the basis of ax											and menner sa stated,	
96. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER O. C. M. E 29d. DATE SIGNED (Month, Day, Year) SEPT. 9, 1994														
30. NAME AND ADDRESS OF	PERSON WN	O COMPLETED CAUS	E OF DEATH (IT)				Do.3	+4-	2076	Man	w.1 a.	- bo	1201	
	URIGI		111 P	enn	otr(eet,	Bal	LLII	шоге	, Mai	ута:	11U Z	.1201	
SEP 1	1994		R'S SIGNATURE	indelle										
	N 40 1 1 1	0							-					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

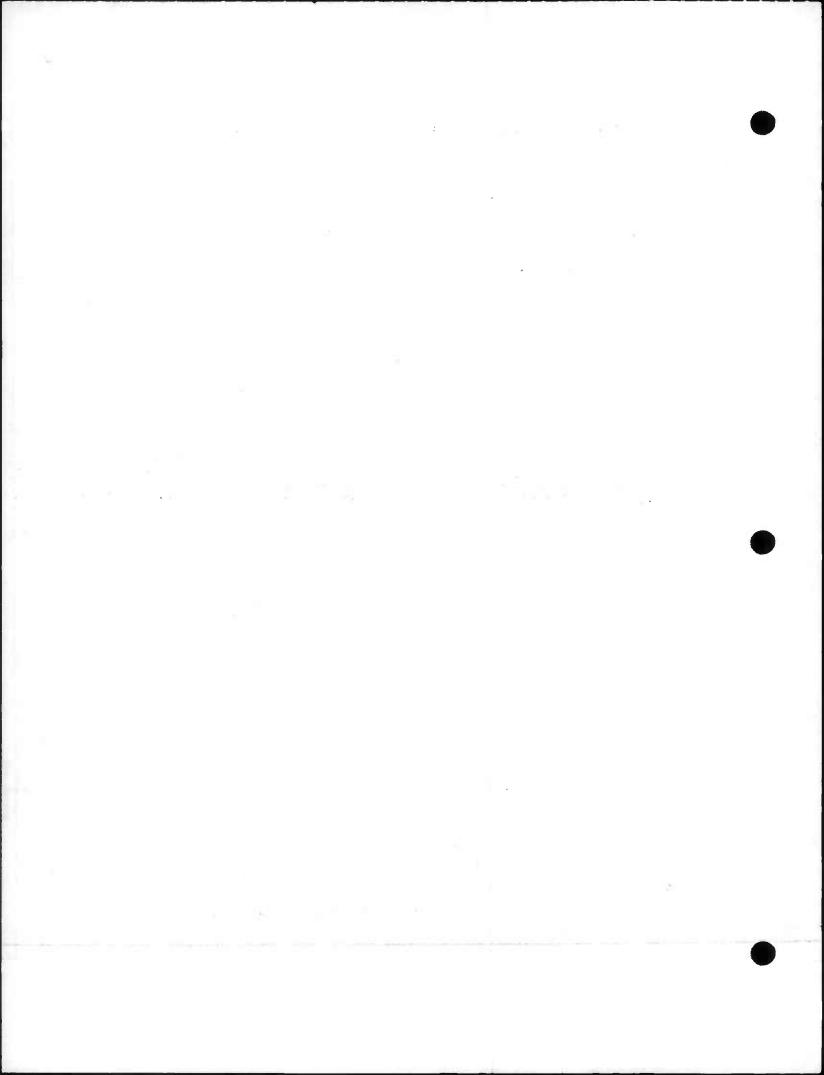
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mounts after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

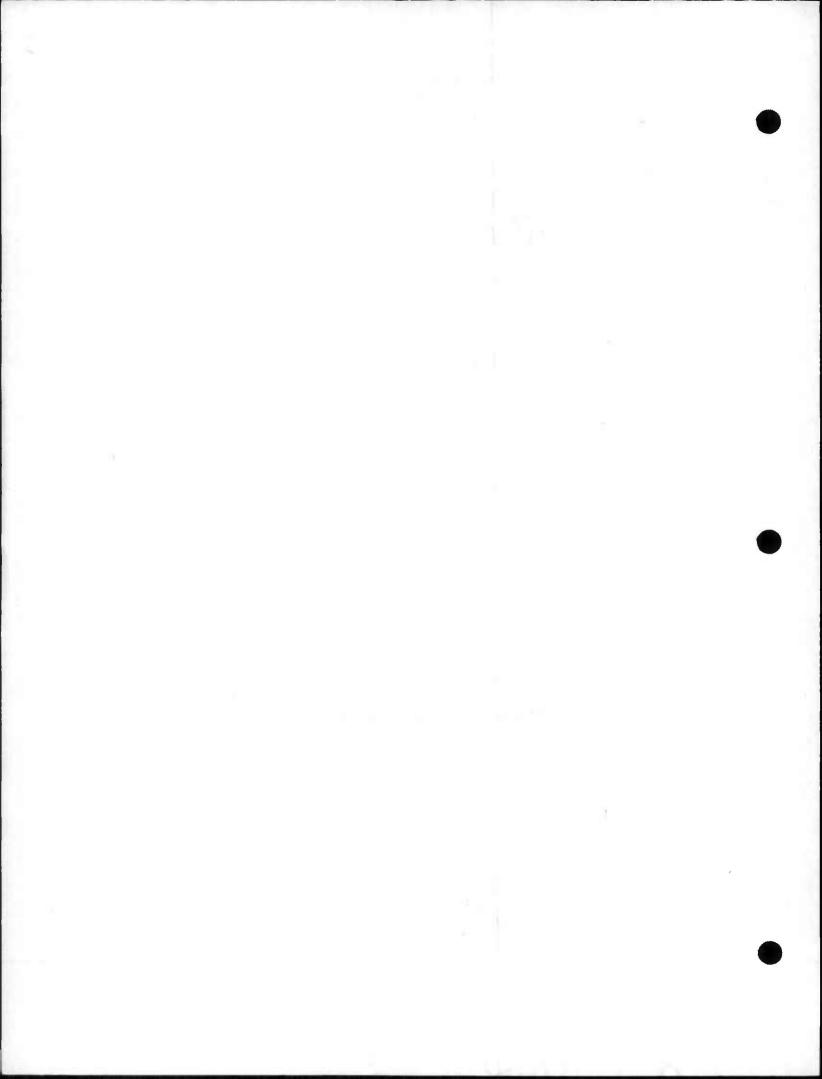
DHMH-18 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTI	FICATE OF	DEATH	REG. NO).	
	1. OECEOENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH
	Carton Fi HOWELL			SOPL 1	2 10194	10:15 PH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthda)	y) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign
	578-12-5781 1X M 2 🗆 F 74 YRS.	MONTHS DAVE	HOURS MIN.	(Month, Day, Year)	Coun	rtry)
- 1	370 12 3701 11			Jan 30, 1		hington, DC
	9e. FACILITY NAME (If not institution, give street end number)		OR LOCATION OF DE		9c. COUNTY OF	DEATH
Ö	Holy Cross Hospital	Silv	er Spring	5	Montgo	mery
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY 10e 0					
DIRECTOR		CITY, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
0	Maryland Montgomery	Silver S	pring			1 YES 2 NO
₹	10e. STREET AND NUMBER	10	1. ZIP COOE		10g. CITIZEN OF	WHAT COUNTRY?
E	1706 Dublin Dr		20902		USA	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS OE	ENGENT OF HISPAN	IC ORIGIN? (Specify Ye	e or No- 14. RAC	E — American Indian,
	1 ☐ Never Merried 2 → Merried FORCES? 1 ☐ YES 2 ☐ MO IF YES, GIVE WAR OR DATES		ecify Cuben, Mexical 3 2 XNO Specify	n, Puerto Rican, etc.)	Spe	ck, White, etc.
ВУ	3 Widowed 4 Divorced		-32			White
COMPLETED	15. DECEOENT'S EOUCATION 16a. OECEOENT (Specify only highest grade completed) (Give kind of the complete of th	'S USUAL OCCUPATI	ON	16b. KIND OF BU	SINESS/INOUSTRY	
ᇤ	Elementary/Secondary (0-12) College (1-4 or 5+)	of work done during me use retired.)	ost or working			
7		Manager		Reta	il Sales	
O	17. FATHER'S NAME (First, Middle, Last)	0	18. MOTHER'S NAI	ME (First, Middle, Melder		
Ö	Carlton F. Howell, Sr.			Mae Minn		
BE		NG ADOBESS (Stored		Courte Number, City or Tox		
2				-		2
				er Spring,		
	1 X Burial 2 Cremation 3 Removal from State cemetery, cramatory of	TE OF DISPOSITION (No or other place)			OCATION — City or T	
				pt 15 Wa		
	21. BIGNATURE OF FUNERAL SERVICE LICENSEE					Funeral Home
_ 1	110 5 Man	11800	New Hamp	shire Ave	, Silver	Spring, MD
	23. PART I. Enter the diseasea, or complications that caused the deeth. Do	o not enter the mo	de of dving, auct	as cardiac or resu	iratory erreat.	Approximate
	ahock, or heart failure. List only one cause on each line.			22.14 DM 25.104	, , , , , ,	interval Between
	IMMEDIATE CAUSE (Fine)	DIENN	1-0-	.)		Onset end Death
	reaulting in deeth)	chary	LISTE	24-		Sugar
	OUE TO (OR AS A CONSEQUENCE	OFI - D.				Ca. Adone
S	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE	Gaun	VIC.			900000
F	If any, leading to immediate cause. Enter UNDERLYING	· V				Guddon
5	CAUSE (Disease or injury C.	ruge				(000
Ē	and Marie to death 1 and	10.10				411/1
CERTIFICATION	resulting in death) LASI	auric				TOO
	PART II. Other algorificent conditions contributing to death but not resulting	g in the underlyin	g cause given in	Part I. 24s. WAS AN		b. WERE AUTOPSY FINDINGS
DICAL	Alexandic Conhosi	2 of Li	vel	1-10-1	RNEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ш 1	resophaged Var	, , ,		1 TES	2 100	OF DEATH?
Σ	//			$\overline{\mathbf{A}}$	′	1 TYES EX NO
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE O		ES NO			
할	EXAMINER?	OTHER:	LACE OF OEATH (Che	ck only one)		
ΥS	1 YES 2 11 Input ont 2 ER/Outpatient 3 OOA		ne 5 🗆 Reeldenca			
표			JURY AT DRK?	28d. OESCRIBE HOW	INJURY OCCUREO	
BY	a Actident Investigation	M 1 🗆	YES 2 NO			
	3 Suitchile 8 Could not be 28e. PLACE OF INJURY — At home, farm building, etc. (Specify)	n, atreet, fectory, offic	•	28f. LOCATION (Street City or Town, State		Route Number,
COMPLETED	4 Humicide determined					
2	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occu	urred at the time, date	and place, end due	to the cause(e) end me	nner es stated.	
Ž I	one) 2 MEDICAL EXAMINER: On the basis of exemination end/or investiga					(e) end menner se stated.
	291 ATURE ANOITITLE OF CERTIFIER			IDEA		
H	/ Chupla 140		290-LICENSE NUM	337 -	29d. DATE SIGNE	P (Month, Day, Year)
ဥ	20 NAME AND ADDRESS OF DEBENAL WILL COLUMN STEP CAUSE OF THE	0.111	1 1	112	LOY	1-14
'-	30. MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TY	pe, Print)	ha A	222 0	NOI CI.	0,12,000
ļ	THE STATE OF THE S	ieo raria	17W2-11	SIV SIV	ar spm	I Ma mil
	31. DATE FILED (MOORTH, Day, Hour) SEP 1 0 1994 June Davidson Annouse	8	٧		1	

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



Amended # 196, 9/16/94, J.W., Montgomery Co.

per	Middle, Lest) WCIrch	Alto	N HU	rd					2. DATE MONTH	OF DEATH	-9	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER			B. AGE (In yrs. les	t birthday)	IF UNDE	R 1 YEAR	IF UNDER	R 24 HRS.	7. DATE (OF BIRTH 19	05	8. BIRTH Countr	PLACE (State or Foreign
577-10-3726		1 XM 2 F	88	YRS.	MONTHS	DATE	HOURS			mber 1			aware
9a. FACILITY NAME (If not ins	titution, give stree	et and number)			9b. CIT	Y, TOWN C	R LOCATI	ON OF DE	ATH		9c. COU	INTY OF D	EATH
Washington	n Adven	tist Hos	pital		Ta	akoma	Par	ck			Mor	itgon	ery
RESIDENCE OF DECI	10b. COUNTY												
	10b. COUNTY					OR LOCAT							10d. INSIDE CITY LIMITS?
Maryland	Mont	gomery		Ta	koma	Par							1 X YES 2 NO
10e. STREET AND NUMBER						101	ZIP COD			100	10g. CIT	IZEN OF V	VHAT COUNTRY?
409 Domer	Avenu	ıe						2091	2		I	J.S.A	
11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divor	Married	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 XIN	MED IO	13.	If yes, spe	cify Cube	OF HISPANI on, Mexican Specify:	, Puarto F	7 (Specify Yea lican, etc.)	or No-	14. RACI Black Speci	- American Indian, white, atc. fy: White
15. DECE	DENT'S EOUCA	TION	16a. DE	CEDENT'S	USUAL C	OCCUPATIO	IN		16b.	KIND OF BUS	INESS/INI	DUSTRY	MILLE
(Specify only Elamentary/Secondary (0-	highest grade co	College (1-4 or 5 +)	(G life.	tve kind of a Do NOT us	work done se retired.)	during mo	st of worki	ng					
Ziamonia, yrosoonidai y (o-	-/	4	Acc	count	ant						Т	00 0	ream
17. FATHER'S NAME (First, Mic	idle, Last)		net	Journ	MILL		16, MOT	HER'S NAM	E (First A	fiddle, Maiden 3		LCE C	reall
		II. and I					Lol			Laytor	-		
Edwin		Hurd	100	MAII INC	ADDRES	S /Street -		_		er, City or Town		in Corda	20917
										ark, M			20912
Margaret W.		1						Taku		_		_	
1 Burial 2 Cremation	3 🗆 Remove	al from State	cemetery, cre		44			0/1	DATE			City or To	
4 ☐ Donation 5 ☐ Other (MCEE	Fort	Linc				7 9/1		Brer	two	od, M	laryland
* Stoven	1	Toul			FF	RANCI	S J.	COL	LINS	FUNER D., W.	RAL H	HOME,	INC. SP., MD 20
reaulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events	liate NG	DUE TO (C	OR AS A CONSECUTION OF AS	DUENCE O	F): F):								
resulting in death) LAST	d.,	contributing to d	leath but not r	eauiting	in the u	nderlying	cause (given in F	Part I.	24a. WAS AN PERFOR	MED?	24b	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS
ALIE TO BUILD									_				OF DEATH?
							W.						
25. WAS CASE REFERRED TO						26. PL	ACE OF D	EATH (Che	ck only on	0)			
EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE		6 5 □ R	nsidence 8	□ Other	(Specify)			
27. MANNER OF DEATH		28e. DATE OF II	NJURY	28b. TIM	E OF	28c, INJ	URY AT			CRIBE HOW IN	NJURY OC	CURED	
1 Natural 5 P	Pending nvestigation	(Month, Day	, rear)	IN.	JURY M		RK? 'ES 2 [NO					
	Could not be	28s. PLACE OF building, e	INJURY — At ho tc. (Specify)	me, term,	streel, fac	ctory, office			261. LOCA	ATION (Street a or Town, State)	nd Numbe	or Or Rural I	Route Number,
3 Suicide 8 C	etermined								_				
3 Suicide 8 C 4 Homicide 6 29e. CERTIFIER (Check only 1	FYING PHYSICIA	AN: To the best of m) and manner as stated
3 Suicide 8 C 4 Homicide 6 29e. CERTIFIER (Check only 1	FYING PHYSICIA						eath occu	red at the t	ime, date		d due to I	ha ceuse(s) and manner as stated
3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDIC	FYING PHYSICIA						eath occu		ime, date		d due to I	ha ceuse(s	(Mgnth, Day, Year)

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the HOSPITAL DRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

OUTUS H.

1905 X 88 577-10-3726 November 16, Delaware

Washington Adventist Hospital Montgomery Takoma Park Maryland Montgomery Takoma Park X

20912 U.S.A.

409 Domer Avenue

X White

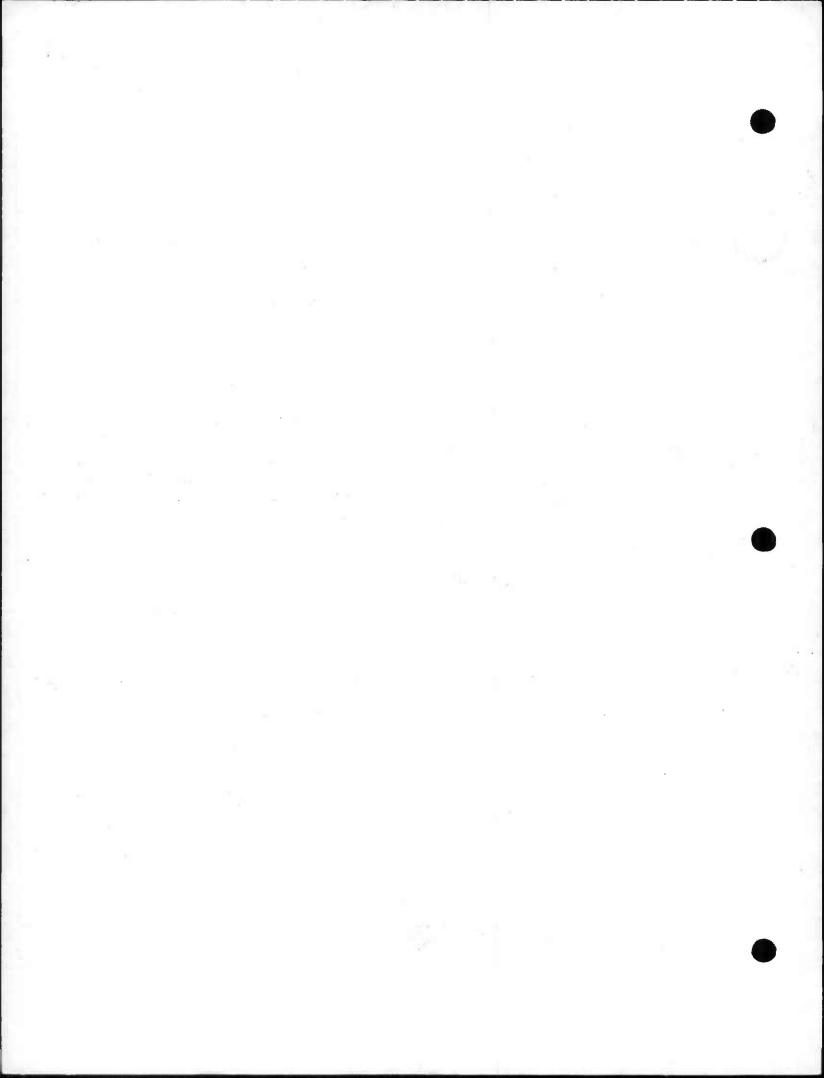
Accountant Ice Cream

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bodish-frambe filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR	STATE OF MARYL	ND / DEPARTM CERTIFIC			MENTAL HYGIEN	E	
	1. OECEOENT'S NAME (First, Middle, Last) THOMAS	JOSEPH I	ZZO			2. DATE OF OEATH DO SEOTI		3. TIME OF DEATH
			110	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1.0	BIRTHPLACE (State or Foreign Country)
	219-01-4771 1 9a. FACILITY NAME (If not institution, give stree	/	/ 1 YRS.			Jan. 7, 19		Maryland
R	Frederick Memoria		90		r LOCATION OF OE erick	EATH	9c. COUNTY	ederick
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CrTV T	OWN OR LOCAT	ON			10d. INSIDE CITY
E E	Maryland	Frederick		rederic				LIMITS?
RAL	10e. STREET AND NUMBER			101.	ZIP CODE			OF WHAT COUNTRY?
FUNERAL	800 Eden Ct.	2. WAS DECEDENT EVER IN	U.S. ARMEO	13. WAS OECI	21701	IIC ORIGIN? (Specify Yas		ed States
BY	1 Never Married 21 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO TES W.W.II		cify Cuban, Maxica	n, Puarto Rican, etc.)		Black, White, etc. Specify: White
Ë	15. OECEOENT'S EOUCAT (Specify only highest grade cor	mpleted)	16a. OECEDENT'S USI (Give kind of work life. Do NOT use re	done during mos	N It of working	16b. KINO OF BUS	SINESS/INDUST	TRY
COMPLETED	Elementary/Secondary (0-12) (College (1-4 or 5+)	Shipping		ing	P.P (G. Indu	ıstries
	17. FATHER'S NAME (First, Middle, Last)	ANTHONY I	770			ME (First, Middle, Malden		T III D O
BE	19a. INFORMANT'S NAME (Type/Print)	ANTHUNI	ZZO	ORESS (Street ar	PHILO	MINA MINI Route Number, City or Tow		TRO
2	DORIS IZZO		1			lerick, Man		21701
	20a. METHOO OF DISPOSITION 1 Burlat 2 Cremation 3 Remova C Donation 6 Other (Specify)	I from State 20b.	PLACEANOOATEOFO	SPOSITION (Nai	me of			or Town, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN		odiic oliv		O AODRESS OF FA			
	Romands	Peters		1621	Opossumt			ick,Md. 21701
	23. PART I. Epter the diseasea, or control or heart failure. Lis immediate cause (Final disease or condition resulting in daeth)	acute	CONSEQUENCE OF):	in-		s blastic		Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in dasth) LAST	CINONICO OUE TO (OR AS A	CONSEQUENCE OF: ODSTR CONSEQUENCE OF:		meen	enasy a	isias	se)
PHYSICIAN: MEDICAL	Atrial fibrilla	Fin				PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	DID TOBACCO USE CO	NIKIBUTE TO	LAUSE OF D		S NO			
SIC		IOSPITAL:		THER:		6 Other (Specify)		
BY PH	27. MANNER OF OEATH 1 M Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Wor		28d. OEŞCRIBE HOW I	NJURY OCCUR	ED
	3 Suicide 6 Could not be 4 Homicide datarmined	28a. PLACE OF INJURY building, etc. (Speci	— At home, ferm, streety)	et, factory, office		281. LOCATION (Street and City or Town, State)	and Number or I	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER: (suse(a) and menner as stated.
TO BE (296. BIGNATURE AND TITLE OF CERTIFIER 29. NAME AND ADDRESS OF PERSON WHO C	Me John	O TH STEM 27 (Note the	nel .	294. LICENSE HUN D4/33	1889	19d. DATE 50	ONED (MOHTH, Day, Hear) 115-194
	915 Tollhouse A	valuate ?	as Fren		MD 2	1701		
-6	31. DATE FILEO SEP 1994	32. REGISTRAR'SISIGNE	hor Rarlell			-17		



1 6"1994

J.

31. DATE FILED (MORE)
SEP

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within months. After Hospital or present or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-branest be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	B.K.S						94	28/02
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART CERTIFIC	MENT OF I	HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) HELEN	В.		SRAEL		2. DATE OF DEATH		year 1807 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		. BIRTHPLACE (State or Foreign
	206-05-4441	1 M 2 F 7	73 YRS.	IONTHS DAYS	HOURS MIN.	(Month, Day, Year) October 11,1	920 P	country) ennsylvania
ے ا	9a. FACILITY NAME (If not institution, give str ST.MARYS HOSP)				OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	LIAL E.K.		LEONA	RDTOWN		ST.M	IARYS
J. BE	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
LD	Maryland St. I	Mary's	Leo	nardto				1 TYES 2 NO
FUNERAL		D			I. ZIP CODE			N OF WHAT COUNTRY?
N N	Star Route Box 30-	12. WAS DECEDENT EVER IN I	U.S. ARMED	13. WAS DEC	20650 CENDENT OF HISPA	NIC ORIGIN? (Specify Ye		d States I. RACE — American Indian, Black, White, atc.
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 KV ND ES	If yes, sp	S 2 NO Specific	en, Puarto Rican, atc.)		Black, White, etc. Specify:
	15. DECEDENT'S EDUC	ATION T	16a. DECEDENT'S U	PUAL OCCUPATI	ON			White
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	rk done during mo retired.)	ost of working	16b, KIND OF BU	SINESS/INDUS	STRY
길	8		Homemake	r				
	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden	Sumame)	
B	Joseph Karcz 19a. INFORMANT'S NAME (Type/Print)		401 24411 1110 4	DDD500 .c.		ine Piton		
2	Aloysius A. Israel	1				Route Number, City or Tow		and 20650
5	20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramo	20h P	LACEANDDATEOE	DISPOSITION (N	ame of			y or Town, Stata
	4 Donation 5 Other (Specify)	St	ery dematory or other Aloysii	is Ceme	tery	9/16 Le	onardt	own, Maryland
	21. SIGNAMENT OF THE FALL SERVICE LICE	mfur		22. NAME AI Brins	field Fu	neral Home		
	Edward N. Bri	nsfield, Jr.	M00052	P.O.	Box 279,	Leonardtow	n,Mary	land 20650
	shock, or heart failure. L	ist only one cause on each	ch ilne.	t enter the mo	ode of dying, suc	n as cardiac or resp	iratory arres	interval Between
	diaaase or condition resulting in death)	/e	Litera	2 16.				Onset and Death
	a resulting in dealily	DUE TO (OR AS A C	CONSEQUENCE OF):	2641 3				
NO NO	Sequentially list conditions, b.	PUE TO COD AS A S						
RTIFICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A C	ONSEQUENCE OF):					
TIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):					
CER	d.						<u> </u>	
	PART ii. Other algnificant conditions	contributing to death but			g cauae given in	Part i. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	Sterns post,	gallbladdy	nese	chor		A 4	NO	CDMPLETION OF CAUSE OF DEATH?
M	DID TODA CCO LICE CONTR	DUTE TO GALLET			-			1 TES 2 NO
AN	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL		DEATH YES		UNCERTAI	N 🗆 📗		
PHYSICIAN: MEDICAL	EXAMINER? XXYES 2 \(\text{NO} \)	HOSPITAL:		THER:	ne 5 🗆 Residence	8 Other (Specify)		
F	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 26c. INJ		28d. DESCRIBE HOW	NJURY OCCUP	RED
₽	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 1	YES 2 ND			
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify	- At home, term, stre	eet, factory, offic	a	281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
PLE	29 CENTIFIER 1 CERTIFYING PHYSIC	IAN: To the beat of my knowled	iga, death occurred	at the time, date	and pieca, and dua	to the cause(s) and me	nner as stated.	
Ŏ	One) 2XXMEDICAL EXAMINER	On the basis of examination a	and/or investigation,	in my opinion, d	leath occured at the	time, data and pieca, an	d dua to the c	cause(s) end manner as atated,
BEO	200. SIGNATURE AND TITLE OF CERTIFIER	1 a MA			29c. LICENSE NUM		29d. DATE S	IGNED (Month, Day, Year)
0	31 NAME AND ADDRESS OF BERSON WHO	MENU			О.С.М.	E .	▶ SE	PT. 15,1994

Laron Locke M.D. 111 Penn Street, Baltimore, Maryland

32 REGISTALAT'S SIGNATURE MONTH

21201

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BALTIMORE, MARYLAND 21215-0020	in 24 hours after death. Page 6 may be retained by the hospital or attending physic	by filled in by the funeral director, page 5 should be detached for use as the buria ation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPL

2

31. DATE FILED (Month, Day, Year)
AUG 24 1994

										34	- 6	0100
_		FOR 1 - STATE REGISTRAR	STATE OF MAI				OF HEALTH		ENTAL HYGI			
		1. DECEDENT'S NAME (First, Middle, Last) HELE 4. SOCIAL SECURITY NUMBER	-	AGE (In yrs. la		UNDER HITHS	YEAR IF UNDER 2		DATE OF DEAT	\$1 a	BIRTHPLA Country)	TIME OF DEATH /53/ ICE (State or Foreign
1000 Con	TOR	922-26-8269 9a. FACULTY NAME (If not institution, give si		0		o. CITY,	TOWN OR LOCATION		1	9c. COUNTY		Del.
	AL DIRECTOR	Md . 106. COUNTY Quee	n Anne's		Stev		SVILLE TO LOCATION			10a CITIZEI	1[I. INSIDE CITY LIMITS? YES 2 \(\overline{\pi} \) NO T COUNTRY?
,	FUNER	109 Storm Have	12. WAS DECEDENT EV	ER IN U.S. AI	RMED NO	13. V	21666 AS DECENDENT OF yes, specify Cuben,	F HISPANIC	ORIGIN? (Specif	U.S y Yes or No.— 14	.A.	American Indian,
	ED BY	1 Never Married 2 Married 3 Wildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade	IF YES, GIVE WAR	DR DATES	ECEDENT'S US	JAL OC	☐ YES 2 NO	Specify:		BUSINESS/INDUS	Specify:	white
JCB.	COMPLET	Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	life	o. Do NOT use re	tired.)			secr	etarial	l se	rvice
ed at	TO BE C	William C. Phi 190. INFORMANT'S NAME (Type/Print) Richard Allan	-	19	Db. MAILING AD	ORESS	Fran	Ces	Murph	Y State Zin Co	de)	w.l. 04664
must be n		20a. METHOD OF DISPOSITION TY Burlel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)		20b. PLACE	AND DATE OF D	ISPOSI			DATE 200	LOCATION - CITY LEVENSV	or Town,	
		21. SIGNATURE OF FUNERAL SERVICE LIC	Helle	inhe	7	22. N	om Helf	S OF FACILI	TY	· · · · · · · · · · · · · · · · · · ·		
event, the medical		23. PART I. Enter the diseases, or c shock, or heart feilure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	list only ope cause	on each line	e .	enter 1	e Av	ng, such a	s cerdiec or n	eepiratory arrest	,	Approximate interval Between Onset and Death
911	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			OUENCE OF):							
hows any inju	I: MEDICAL C	PART II. Other eignificant conditions ASTAMA	contributing to dea	th but not	reculting in t	he uno	lerlying cause gi	iven in Par	PER	S AN AUTOPSY RFORMED? S 2 (1) NO	AMA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
or item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			THER						
		27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJU	IRY	28b. TIME OF	F	ng Home 5 Resi	28		OW INJURY OCCUR	ED	
	ETED BY	2 Accident Investigation 3 Suicide S Could not be determined	28e. PLACE OF IN. building, etc.	IURY — At he (Specify)	Dome, ferm, stree	ot, facto			If. LOCATION (Str City or Town, S	eet end Number or i tate)	Rural Route	Number,

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner ee atsted.

ON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) end menner se stated.

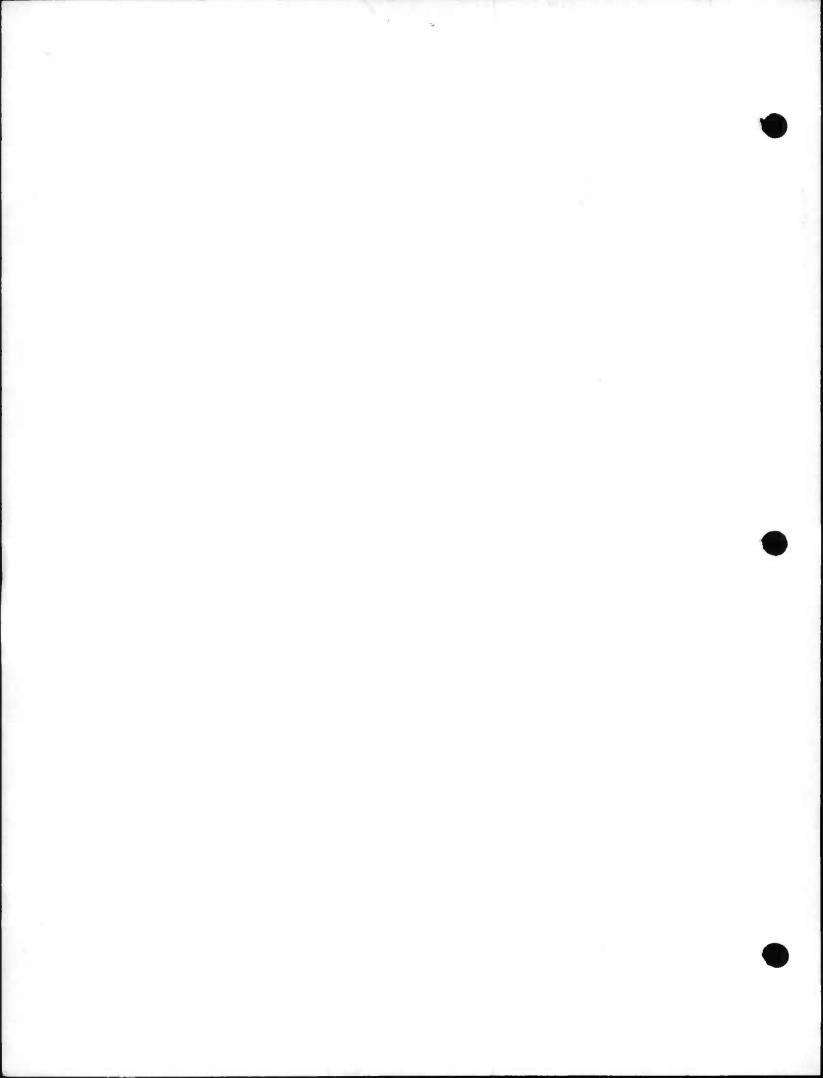
29c. LICENSE NUMBER

OHMH-16 Rev 1/89

21035

29d. DATE SIGNED (Month, Gay, Year)

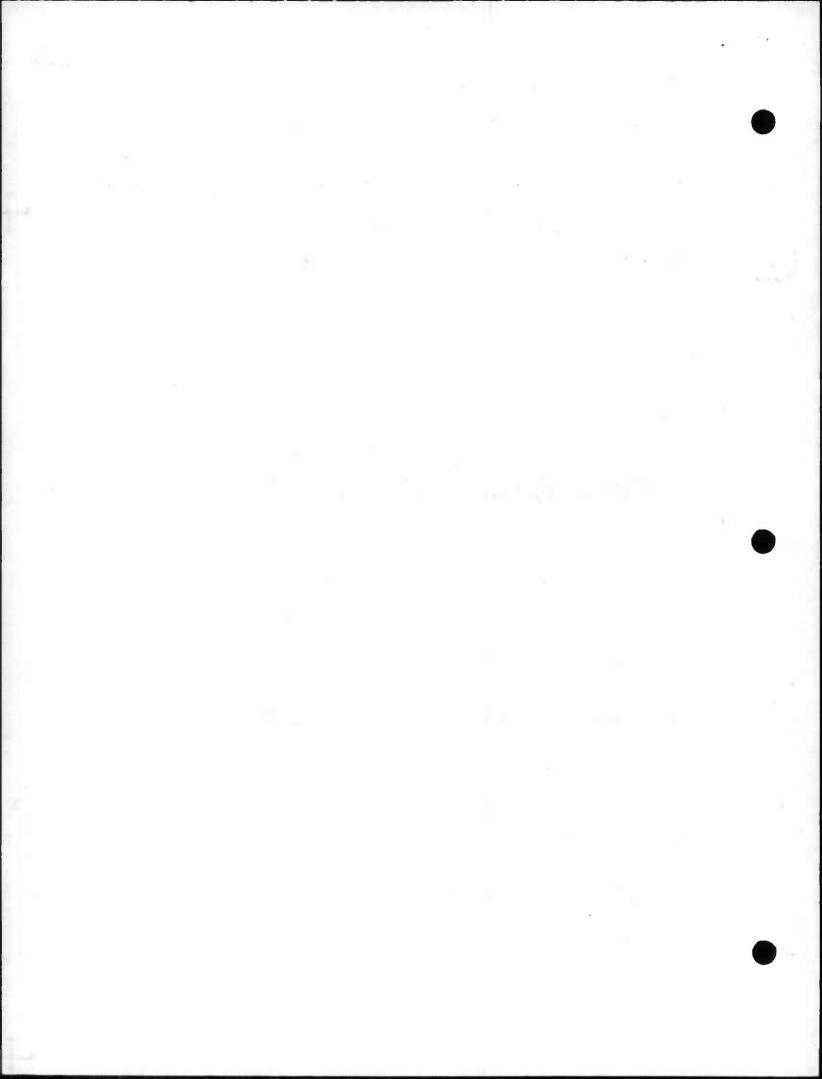
8 21 9 9



0 DIVISION OF VITAL BECORDS

BALLIMORE, MARTLAND	er death. Page 6 may be retained by the bosp	the funeral director, page 5 should be detached		examiner must be notified at once.	
DASSION OF VITAL RECORDS, P.O. BOX 88760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hose	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funnual director, page 5 should be defined the attending	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	500		42.732.732.73									74	28104
	FOR 1 - STATE REGISTRAR		STATE OF I			TMENT				MENTAL HYGIEN REG. NO			
	1. DECEOENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH	AY	73	3. TIME OF DEATH
Ш	William		Benj			Joh	nsor	, Sr	•	Sept. 19,	1994	YEAR	6:28 P M
	4. SOCIAL SECURITY NUME 219–36–7708	ER	5. SEX t [X] M 2 [F	8. AGE (In yrs. Ia:	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH Feb. 19,	L906	Count	HPLACE (State or Foreign ry) Tyland
OR	St. Mary's	stitution, give s Nursin	itreet and number) ng Center					e Locati		EATH		Mar.	
5	RESIDENCE OF DEC	10b. COUNT	γ		T 10c CI	Y, TOWN C	DR LOCAT	ION					10d. INSIDE CITY
DIRECTOR	Maryland		Mary's			onar	dtov	m					LIMITS? 1 YES 2 NO
FUNERAL	Rt. 3 Box 2	8						20650				S.A.	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 🔀 3 Widowed 4 Divo		FORCES? 1	IT EVER IN U.S. AI YES 2 X MAR OR DATES			li yea, sp		n, Maxice	NIC ORIGIN? (Specify Yearn, Puarto Rican, etc.)	or No—	14. RAC Blec Sper Whi	E — American Indian, k, Whita, atc. :ify: TC
	15. DEC	EDENT'S EDU y highest grade	CATION (completed)	16a. Di	ECEDENT'S	USUAL O	CCUPATIO	ON of working		16b. KINO OF BU	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (C 7th Grade		College (1-4 or 5	+)	arme	se retired.)	ourny mo	ISL OF WORKE	ng .	Farm			
	17. FATHER'S NAME (Flist, M Thomas	liddle, Last) Rhody		Johnson	ו			18. мот		ME (First, Middle, Melden	Sumame) ieth		Hebb
TO BE	tom. INFORMANT'S NAME (I Gloria J. Al			19 F	ob. MAILING	ADDRESS Box	S (Street of	ind Number	or Rural	Route Number, City or Tow YWOOd, Mai	n, State, Zi	ip Code)	20636
	20a. METHOD OF DISPOSIT 1 X Burlel 2 Crematic	n 3 🗆 Rem	oval from State	20b. PLACE	ANDDATE	OFDISPOS	ITION (Na	ame of		OATE 20c. LO	CATION -	- City or To	own, State
1 1	4 Donation 5 Other 21. SIGNATURE OF FUNERA		CENSER .	Clari	Les M								m, Maryland
	Mich	acki	Elgio	lines)		Ma P.	ttir O. E	igley Xox 2	-Gar 70,	cury diner Fund Leonardtov	eral vn. M	Home Marvl	e, P.A. and 20650
CERTIFICATION	23. PART I. Enter the dishock, or himmediate CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injuthet initiated evants resulting in death) LAS	iona, dete	a. Mular DUE TO B. C. Due To C. Due To C.	use on each line	OUENCE O	leur ma Deer				en to he			Approximate interval Between Oneat and Daath
浜	readiting in Gaatti) EAS		d										
PHYSICIAN: MEDICAL C	PART II. Other significa		na contributing to	death but not	resulting	in the ur	derlyin	g ceuse	given in	Part I. 24a. WAS AN PERFOI	RMED?	241	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
AN	DID TOBACCO	USE C	ONTRIBUTE	TO CAUS	E OF	DEAT			NO				
Sic	EXAMINER?	O MEDICAL	HOSPITAL:	ER/Outpatient	DO4	OTHE	N.			eck only one)			
H	27. MANNER OF DEATH		26a. DATE OF	INJURY	28b. TIR	E OF	28c. IN.	URY AT	sidenca	6 Other (Specify) 28d, DESCRIBE HOW	NJURY OC	CCURED	
ВУ Р		Pending Investigation	(Month, L	Day, Year)	1N	JURY M		YES 2	NO				
8	3 Suicide 6	Could not be determined	28a. PLACE (building.	OF INJURY — A1 he, a1c. (Specify)	ome, ferm,	atreat, fect	tory, offic	•		28f. LOCATION (Street City or Town, State)		er or Rural	Route Number,
COMPLET	000)									time, date and plece, as			a) and manner as stated,
	29b. SIGNATURE AND TITLE												
8	\/.I	. J. VERTINE						-	ENSE NUI	380	DA DA	A. 2	(Month, Day, Year)
유	38. NAME AND AGORESS OF			SE OF DEATH (ITE								1.0	
	John F. Fer	wick,	M.D.		Leo	nard	town	, Ma	ryla	nd 20650			
	31. DATE FILEO (Month, Day, SEP 2.1	1994	Julia a	AR'S SIGNATURE	All.								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Four after death. Page 6 may be instanted by the hospital or attended to the control of the control	urs after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be described for use as the humal-transit per be find within 72 hours after death with the State Debt, of Health and Mental Hyderse nior to burial, cremation, or removal.	in by the funeral director, page 5 should be detached for use as the burial-transit permitremost.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	sedical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)			7.12 0.	D	2. DATE OF DEATH		3. TIME OF DEATH
	Esth	er L. Jal	kubowski			September		AR 6:50 P M
- 1	The second second			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8.1	BIRTNPLACE (State or Foreign Country)
		□ M 2 💢 F 7]	YRS.	NTHS DAYS	HOURS MIN.	FEB. 5, 19		MARYLAND
~	9a. FACILITY NAME (If not institution, give street		1	·	R LOCATION OF DE		9c. COUNTY	OF DEATH
DIRECTOR	3161 Adderley Ct			Silver	Spring		Mont	gomery
E C	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY
	MD. MONT	GOMERY		SILVE	R SPRIN	1G		LIMITS? YES 2 NO
M	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	3161 ADDER				20906		U	.S.A.
E	11. MARITAL STATUS 12. 1 Never Married 2 Married	. WAS DECEDENT EVER IN U FORCES? 1 YES	2 XNO	If yes, spe	ecify Cuben, Maxica	IIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No- 14.	RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES	1 TYES	2 NO Specify	r.		Specify: WHITE
8	15. DECEDENT'S EDUCATION (Specify only highest grade com	ON	IGO. DECEDENT'S US	UAL OCCUPATION	ON .	16b. KIND OF BUS	INESS/INDUST	
COMPLETED		college (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo: etired.)	st of working			
MP		2	SECF	RETARY			N.I.H	•
	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NAI	ME (First, Middle, Malden	Sumame)	
BE	CHARLES 19a. INFORMANT'S NAME (Type/Print)	TRAINOR	1			ALICE	UNKN	
2	WALTER F. JAKU	BOWCKT	196. MAILING AD			Route Number, City or Town	n, State, Zip Coc	de)
	20a. METNOD OF DISPOSITION	205 0	PLACE AND DATE OF C		ITEM	#10	CATION - City	or Town State
	1 Donation 5 Other (Specify)	from State cemet	CHAMBERS	CREM	ATORY	1 4-		ALE, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENS		0		D ADDRESS OF FAC	CILITY		
	1.21. ('ho	mherede	MOOO91	TAT TAT	CHAMB	SILV SERS CO.		RING, MD. 20910
	23. PART I. Entar tha diseases, or com	plications that caused t	the death. Do not	anter tha mo	de of dying, auci	h as cerdiac or respi	ratory arreat,	Approximata
	shock, or heart failure. List IMMEDIATE CAUSE (Final	only one cause on asc	ch iina.		1	1		Interval Batween Onsat and Death
	disease or condition a	Cerevi	ovarcul	ar /	Cour	~		
		DUE TO (OR AS A C	CONSEQUENCE OF):	2010				
O	Sequantially list conditions, b	DUE TO (OR AS A C	TOJ COLL	1111				
AT	if any, leading to immediate cause. Enter UNDERLYING	002 10 (011 110 11 0	ondeduction or).					j
Ĕ	CAUSE (Disease or injury c	DUE TO (OR AS A C	CONSEQUENCE OF):					
CERTIFICATION	resulting in deeth) LAST							
	PART II. Other significant conditions of	Intributing to death buil	not resultido in t	he underlying	Cause given in	Part I. 24a. WAS AN	ALITOREY	24b. WERE AUTOPSY FINDINGS
CAL	PART II. Other significant conditions	neumitors	arthin	Tu	Cause given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDIC/				,		1 🗆 YES 2	NO	OF DEATH?
A	DID TOBACCO USE CO	NTRIBUTE TO C	AUSE OF D	EATH Y	ES NO			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATN (Che	ack only one)		
YSI		OSPITAL: Inpatient 2 ER/Outpat		THER: Nursing Nome	5 Residence	6 Other (Specify)		
H	27. MANNER OF DEATH 1 Return 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME O		URY AT RK?	28d. DESCRIBE NOW II	NJURY OCCURE	EO
BY	2 Accident Investigation	20- 81 405 05 10 11 11 197			ES 2 NO			
딢	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — building, atc. (Specify	- At nome, term, stre	et, tactory, office	·	28f. LOCATION (Street a City or Town, State)	nd Number or R	lural Route Number,
9	29a. CERTIFIER		Section 1					
COMPLET	(Check only one) 2 MEDICAL EXAMINER: O	t: To the pest of my/knowled						use(s) and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER	770 1	1		29c. LICENSE NUN			NED (Month, Day, Year)
BE		MUXAU	(M)		D1640	75	▶ 9/	12/94
임	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEAT	N (ITEM 27) Type, Pri	nt)	// /	1. 11	NAC.	7 6
	JUEL 600	JLH 410	1 WHI	70CPH	KD K	OCCUITE	ITID	10852
	SEP 1 3 1994	32. REGISTRAR'S SIGNAT	on-Randell	,				

DHMH-16 Rev 1/89

- FE ·

DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physic	hours after death. Page 6 may be retained by the hospital or attending physi
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	filled in by the funeral director, page 5 should be detached for use as the buria on, or removal.
IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	ne medical examiner must be notified at once.

BY

COMPLETED

BE 2 3 Suicide

4 Nomicide

												94	2	87	06)
	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND		RTMENT				MENTA		_					
	1. DECEDENT'S NAME (First, Middle, Last)	-		LITTI	ICAIL	U	DEA	П	0.047	REG. NO	·			AE OF DE		_
		Beulah			Knott				MONT	ember	AY 15 1	YEAR OO /			AIR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER 1		IF UNDER	24 HBS		OF BIRTH	10 1	-	4:	(State or	A	M
	194–14–6195	1 🗆 M 2 🔯 F	80	YRS.		DAYS	HOURS	MIN.	(Mon	th, Day, Year) 5, 1914		Count	ylar		roroigii	
- 1	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH								J, 1714			40	ш		_	
Œ	96. FACILITY NAME (It not institution, give street and number) Physicians Memorial Hospital Physicians Memorial Hospital Physicians Memorial Hospital Physicians Memorial Hospital															
DIRECTOR	RESIDENCE OF DECEDENT				1						ondi	100				_
H H	10a. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN OF	R LOCAT	TION					-	10d. I	NSIDE CI	TY	
ā	Maryland Char	les			India	an H	ead							YES 2 [NO	
A	10a. STREET AND NUMBER 101. ZIP CODE									10g. Cl	TIZEN OF	WHAT C	COUNTRY	?		
FUNERAL	Rt. 2. Box 27A						20640)				U.S.A	١.			
ا ۾	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				13. W	AS DEC	ENDENT C	F HISPAN	VIC ORIGI	N? (Specify Yea or No— 14. RACE — American Black, Whita, alc.					dlen,	
BY	1 Never Married 2 Married FORCES? 1 YES 3 Wildowed 4 Divorced FYES, GIVE WAR OR DA			,,,,			2 X NO			rican, etc.)		Spec	oihr:	ite		
	15. DECEDENT'S EDI	I I I I I I I I I I I I I I I I I I I							-				VVI	шсе		
2	(Specify only highest grade completed) (Give kind of work done during most of working						16	b. KIND OF BU	SINESS/IN	IDUSTRY						
7		Elementary/Secondary (0-12) College (1-4 or 5 +)					S&W	Cafe	atoria							
COMPLETED	17. FATNER'S NAME (First, Middle, Last)			<u> </u>			10 MOTI	HED'S NA	ME /Elmt			-0-1-10		-		_
ŏ	the state of the s															
BE	Foward Albert Sanders Pheobe Filen Shank 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, State, Zio Code)							_								
2	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1															
	Joseph Knott 20a METHOD OF DISPOSITION 1 & Burlet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of camplety, crematory or other place) 20c. LOCATION — City or Town, State								_							
	1 ☑ Burial 2 ☐ Cremation 3 ☐ Ran 4 ☐ Donation 5 ☐ Other (Specify)	noval from Stata	cametery, c	charle	other place)	tenz	Sont	enhe	r 17.	1994 6	lsmoot	- Mar	zzl ar	rd.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									_						
	Williams Funeral Home P.A. Rt. 225 & Glymont Rd., Indian Head, Md. 20640															
	23. PART I. Enter the diseases, or	complications the	2		not antes t											_
	shock, or heart failure.	List only ona car	use on asch iii	na.	not enter t	tha mo	de or dy	ing, suc	n as car	disc or resp	eratory s	rrest,		Approxi intarvai	Betwee	
	iMMEDIATE CAUSE (Finsi disease or condition	6	1		1									Onset a	nd Dsa	th
	resulting in death)	s. Sud	0180	7201	<u>J</u>											
_										1			i			
TIFICATION	Sequantially list conditions,	b. Athe	(OR AS A CONS	EQUENCE O	FI: 94	4.	O Nor	1 cm	or	MILE	76					
Ä	cause. Enter UNDERLYING	e Dias	ha tec	M 5	11. tim	2.							j			
프	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONS	EOUENCE O	HF):								-			
F	resulting in death) LAST	resulting in death) LAST														
CER	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									_						
S	TAIT II. Other argument condition	ns contributing to	daatii but not	resuming	in tha unc	aeriyini	g cause (Bivan in	Part I.	24a. WAS AN PERFO		240	AVAIL	AUTOPSY ABLE PRIC LETION O	OT R	S
										1 TYES	NO NO		DF DE		CAUSE	
Σ	DID TORAGO CO	COLITAIN	F 70 0::	UAE C						J			1 🔲	YES 2] NO	
AN	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUT	E TO CA	USE O	r DEAT] NC								_
C	EXAMINER?	HOSPITAL:	100000000000000000000000000000000000000		OTHER	:	ACE OF D									_
PHYSICIAN: MEDICAL	1 YES 2 NO 27. MANNER OF DEATH	1 Inpstiant 2	ER/Oulpatiant	1				sidenca		er (Specify)	INI HI IPPA C	DOLIN TO				_
급	1 Maturel 5 Panding	(Month, L		28b. TIR	JURY :	28c. INJ WO	ORK?		28d. DE	SCRIBE HOW	INJURY O	CURED				

28a. DATE OF INJURY (Month, Day, Year) 1 Natural
2 Accident М 1 YES 2 NO Investigation

28a. PLACE OF INJURY — At home, farm, streel, factory, offica building, etc. (Specify) 8 Could not be determined

29a. CERTIFIER (Check only one)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my online, data and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of axamir

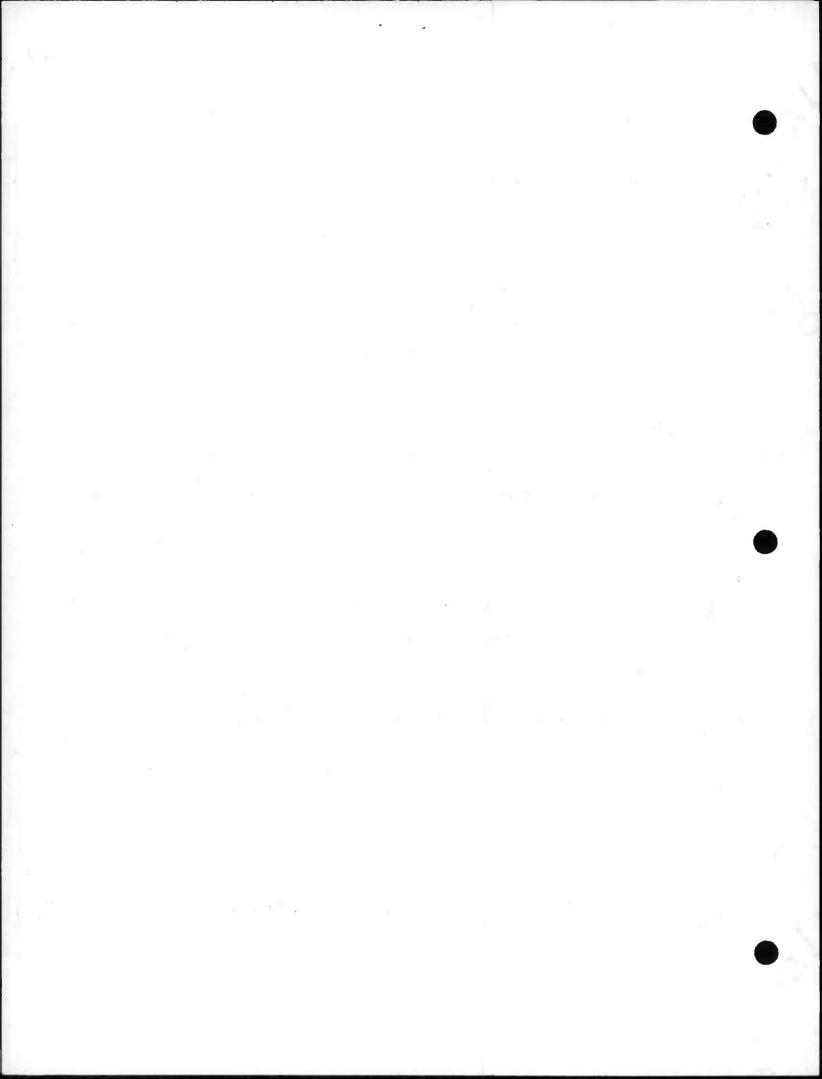
ition and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29d. OATE SIGNEO (Month, Day, Year)

9 / 15/94 29c, LICENSE NUMBER D=33426

B. Larry Jenkins, MD ,111 LaGrange Ave., P.O. Box 1724, LaPlata, MD. 20646

32. PEGISTRAN'S SIGNATURE O SEP 20 1994

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)



3. TIME OF DEATH 11:00 A M

Approximate Interval Between

Onset and Death 4 DAYS

24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO CDMPLETION DF CAUSE OF OEATH?

29d. OATE SIGNED (Month, Day, Year)

29c. LICENSE NUMBER

ATH

REG. NO.

1 - FOR STATE REGISTRAR

29b. SIGNATURE AND

RAWCIS

SFP

2

		1. DECEOENT'S NAME (First, Middle, La		100/			2.	DATE OF DEATH	W, AE	3. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birtho	day) IF UNDER	1 YEAR IF UNDE	ER 24 HRS. 7.	DATE OF BIRTH	6.	BIRTHPLACE (State or Foreign	
뭐	ron	218-92-6699 9a. FACILITY NAME (If not institution, gir		9 YF	RS.			Month, Day, Year) Luly 26,1		aryland	
		Suburban Hospit				town on Locat	TION OF OEATH		9c. COUNTY Mon	tgomery	
Z	DIRECTOR	10a, STATE 10b, COU	nty derick	10c.	New New New New New New New New New New	arket				10d. INSIDE CITY LIMITS?	
		10e. STREET AND NUMBER 7209 Drummine Road 10f. ZIP CODE 10g. CITIZEN OF WHAT U.S.A.							OF WHAT COUNTRY?		
215-0020 attending physician see as the burilatransit	BY FUNERAL	11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO DATES	1	MAS DECENDENT f yea, specify Cub	ben, Maxican, Pu	ORIGIN? (Specify Yes uarto Rican, atc.)	or No- 14.	RACE — American Indian, Black, White, atc. Specify White	
21 for u	COMPLETED	15. DECEDENT'S E (Specify only highest gr Elamentary/Secondary (0-12)		(Give kind life. Do No	NT'S USUAL OC d of work done of OT use retired.)	CCUPATION furing most of work	king	16b. KIND OF BUS	siness/indust	RY	
LAND 2 the hospital e detached fo	OMF	17. FATHER'S NAME (First, Middle, Last)		HOME	CHARCL	16. MO	THER'S NAME (First, Middle, Maiden			
# E E	BE C	Roland Lut	her KEENEY				Vancy		GETT		
MA retain 5 sho	101	19a. INFORMANT'S NAME (Type/Print) Roland L. Keene	у	19b. MAII 720	09 Drui	(Street and Number	or Rural Route Dad, Ne	Number, City or Town	n, State, Zip Coo	land 21774	
MORE, e 6 may be rector, page must be		Roland L. Keeney 7209 Drummine Road, New Market, Maryland 21774 20a. METHOD OF DISPOSITION Removal from State XX Burlel 2 Cremetion 3 Removal from State 4 Doneston 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Rocky) HITTP (Cemetery September 19, 1994 Woodsboro, Maryland)									
BALTIMORE, ter death. Page 6 may be the funeral director, page mal.		21. SIGNATURE OF FUNERAL SERVICE		M002	Z2. 1	eney ar	ess of facility	ord P.A.	Funer		
urs af in by r remo		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, ahock, or heart failure. List only one cause on each line. Approximat									
tely fille mation,		IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. MULTI DUE TO (OR AS	PLE A CONSEQUENCE	7 Œ OF):	RAU	MA			Onset and De	
SOX 68760 atte be executed with ysician and complet prior to burial, crer traumatic evenity.	CATION	Sequentially list conditions, If any, leading to immediata cause. Enter UNDERLYING									
P.O. B th certificate ending physical or other	RTIFI	CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
DS the d we d Me	DICAL CE	PART II. Other significant condit	iona contributing to death i	out not reaulti	ing In the un	derlying cause	given in Part	I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINOING AVAILABLE PRIOR TO	
Sign Sign	1 2 1							t 🗆 YES 2	IP NO	CDMPLETION DF CAUSE OF OEATH? 1 YES 2 NO	
L law	AN:	DID TOBACCO USE CON	ITRIBUTE TO CAUSE C	F DEATH	YES 🗆 N	10 UN	CERTAIN [
E VIT.	딣	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 \(\text{\text{NO}}\) NO	HOSPITAL:		OTHER	-	Pauldone & 🗆	Other (0#1)			
	PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)			28c. INJURY AT WORK?		1. OEŞCRIBE HOW II	NJURY OCCURE	1710	
ONG SING After death	D BY	t Naturel 5 Pending 2 Accident Investigatio 3 Suicide 6 Could not it	26a. PLACE OF INJURY	At home, fac	rm, atreet, facto	1 YES 2	14	LL OF LOCATION (Street a	OFF	3WHEELED	
TIS STEE	ETE	4 Homicide determined	building, atc. /Spe	спу)				City or Town, State)	1	Mrs Damers	
DIV PITAL OR A ERAL DIREI In 72 hours T. If Item	MPL		YSICIAN: To the best of my know				a, and dua to th	ne cause(a) and man	ner se stated,		
그 뉴트 뉴	0	A DEDICAL EXAM	NER: On the beels of examination	n ana/or investig	gstion, in my of	pinion, death occu	ured at the time,	, data and place, and	d due to the car	use(a) and manner as stated.	

32. REGISTRAN'S SIGNATURE
Julia Daucher Revielle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

DHMH-16 Rav 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760.	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending physical	rs after death. Page 6 may be retained by the hospital or attending physic
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner.	by the funeral director, page 5 should be detached for use as the burner
De nied within 72 hours after death with the state Dept. of health and mental hygiene prior to burial, cremation, or removal.	removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	edical examiner must be notified at once.

								-	74	20100
	FOR STATE REGISTRAR	STATE OF MARYLAN				IEALTH AND I	MENTAL HYGIEN	E		
	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF OEATH		3	TIME OF DEATH
	John Dab	ort Kal	0.1	6			MONTH DA	Y 0	YEAR	Z & LLS A.
	001111 KOI	SELL DEL	SEA	, 2	<u>r.</u>		9-18	5 - 4	4 .	D TU M
			yrs. last birthda	months	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1	B. BIRTHPLA Country)	ACE (State or Foreign
	579-07-9749	1 M 2 □ F 80	YRS	S. WONTHS	DAYS	HOURS MIN.		1914	Wasi	hington, DC
	9a. FACILITY NAME (If not institution, give stre	eet and number)		9b. CIT	Y. TOWN	OR LOCATION OF DE			Y OF DEAT	
œ	For dead of Messey	1 17								
2	Frederick Memori	ai Hospitai			Fre	derick		Fre	deri	ck
DIRECTOR	10e. STATE 10b. COUNTY		100	CITY TOWN	OWN OR LOCATION					d. INSIDE CITY
<u>E</u>			100.							LIMITS?
		rederick		Mt. Airy					1	YES 2 NO
FUNERAL	10e. STREET AND NUMBER				10f. ZIP COOE 10g. CITIZEN (T COUNTRY?
8	4750 S. Re	vburn Ct.							ted (States
Z	4750 S. Reyburn Ct. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AI			13	WAS DEC		VIC ORIGIN? (Specify Yea			American Indian.
山	1 Never Married 2 Married	FORCES? 1 X YES	2 NO] "	If yes, sp	ecity Cuban, Maxica	in, Puerto Rican, atc.)	OF NO-	Black, W	American Indian, Vhita, aic.
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATE			1 TYES	2 NO Specif	y:		Specify:	White
	/-	W.W. I]								MILLE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of		6a. DECEDEN (Give kind	of work done	during mo	ON ost of working	16b. KIND OF BUS			
u ,	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	T use retired.)		U.S. Gov	ernme	nt	
릴	9	- 1	Medica	al fac	cilit	У	Nationa	1 Ins	titut	ted of Heal
8	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maiden		CICC	eed of near
	17. FATHER'S NAME (First, Middle, Last) LEIGH CHARLES KELS					ANNA		,		
BE		CHARLES K.	_							
2	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or Town			
- 1	JOHN R. KELSEY, JR	₹.	4750) S. I	Reybu	ır Ct./Mt	. Airy, Md	. 217	71	
	20s. METHOD OF DISPOSITION	20b. PI	LACEANDDA	TE OF DISPO	SITION (NE	ame of	DATE 20c, LO	CATION — CI	ty or Town.	Sista
	1 Buriel 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)	rel from State cemete	TE OF	or other place	EN CE	T.M.				
- 1	21. SIGNATURE OF FUNERAL SERVICE LICE	NGEE	IE OF			ND ADDRESS OF FA		ver 5	pring	g, Md.
	The district of the state of th	THE A		"	. NAME AI	NU AUDHESS OF PA	Stauffe	r Fun	era1	Home
	Primary 8 E. Ridgey				Ridgevil					
\neg	8 E. Ridgeville, Blvd./Mt. Airy, Md. 21771 23. PART Letter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
	hock, or haert fallura. Li	lat only one ceusa on each	h lina.	o not eme	er tria mic	de or dying, suc	n es cardiac or respi	ratory arre	31,	Approximeta Interval Batween
	IMMEDIATE CAUSE (Final						Onsat and Death			
	disease or condition	LUED MON!	rk.							3 0/43
	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
-								YEARS		
CERTIFICATION	Sequantially list conditions,	DUE TO (OR AS A CO	ONSEQUENCE	OF:			1			
F	If any, leading to immediate cause. Enter UNDERLYING	(2.00								į l
	CAUSE (Disease or injury C.	DUE 70 (00 40 4 0								
Ë	that initiated events resulting in death) LAST	DUE TO (OR AS A C	UNSEUDENCE	E OFJ:						i
	d.									
- 1	DART II Other standings	and the state of t				- Constitution				
4 1	PART II. Other algnificant conditions									ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
S 1	PULMONARY &	EMBOLI,	CONGE	アントン	E (t	EART FA	(LUPUL VES 2		00	OMPLETION OF CAUSE
	COPOHARY ARTE	M DISEASE	Aı	245	LIMEY	215 715		The state of		DEATH?
PHYSICIAN: MEDICAL									1	YES 2 NO
Z	DID TOBACCO USE CO	ONIKIBUTE TO C	AUSE C	IF DEA	IH Y	ES NO	<u>' </u>			
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF DEATH (Ch	eck only one)			
S	1 TES 2 KNO	1 Inpatient 2 - ER/Outpati	ent 3 DO	OTHE		e 5 🗆 Rasidence	6 Other (Specify)			
£	27. MANNER OF DEATH	28a. DATE OF INJURY	28b.	TIME OF	28c. INJ	URY AT	28d. DESCRIBE HOW II	NJURY OCCU	RED	
	1 Natural 5 Pending	(Month, Day, Year)	_ [_]	INJURY M		YES 2 NO				
B	2 Accident Investigation	28a. PLACE OF INJURY —	At home for				***************************************		-	
	3 Suicide 8 Could not be detarmined	building, atc. (Specify))	m, atraet, ra	ctory, ome	•	281. LOCATION (Street a City or Town, State)	ind Number o	r Hural Hout	le Number,
E I										
7	29a. CERTIFIER (Check only	IAN: To the best of my knowled	ge, death occ	curred at the	time, data	and place, and due	to the cause(a) and man	ner as states	1.	
COMPLETED		On the basis of exemination a								nd manner se stated
8				, 10. 1119	-p011, C	The second of the	e, were erro prece, an		ozued(s) Ef	
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	0 0	80			29c. LICENSE NUI	43			onth, Day, Year)
	July 16	esker u	فيتع			D254	20	9	-18-5	1 4
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALIFE OF DEATH	1 47500 07 4							1

MIDDLETOWN,

ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print)

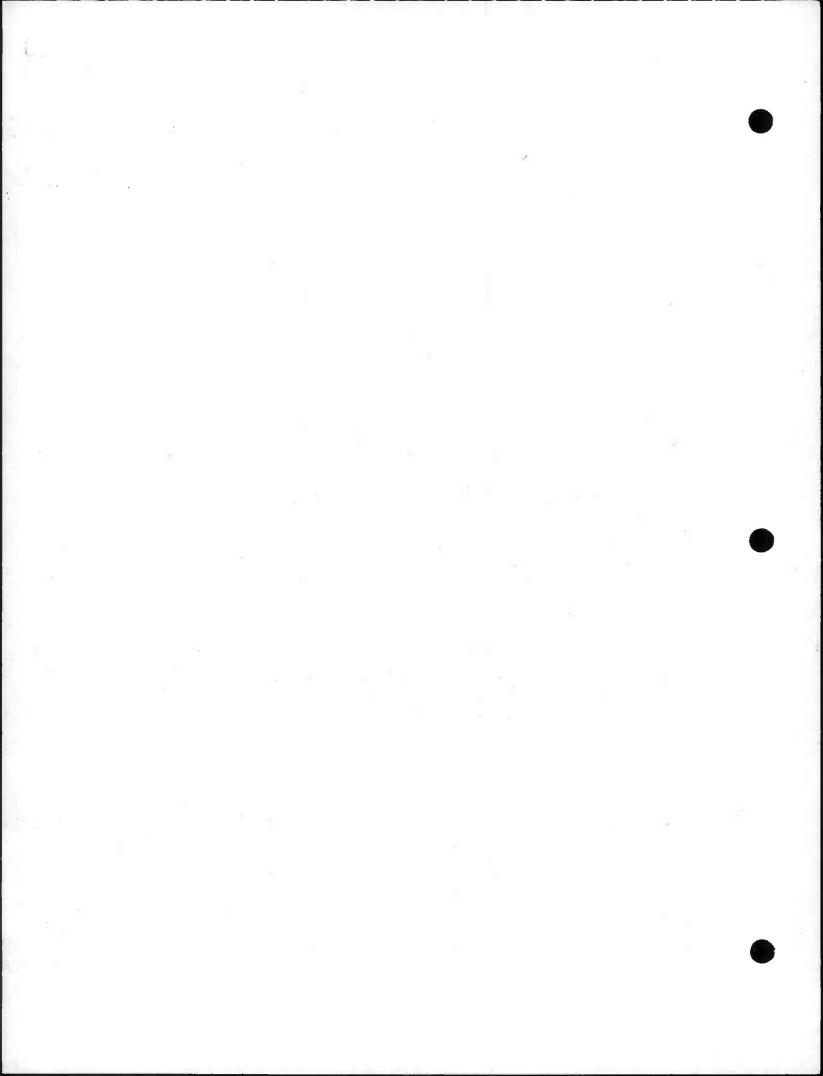
POSS COR WD PU BOX 17

31. DATE FRED (12 73) 1994

32. REGISTRAR'S SIGNATURE

21769

MD.



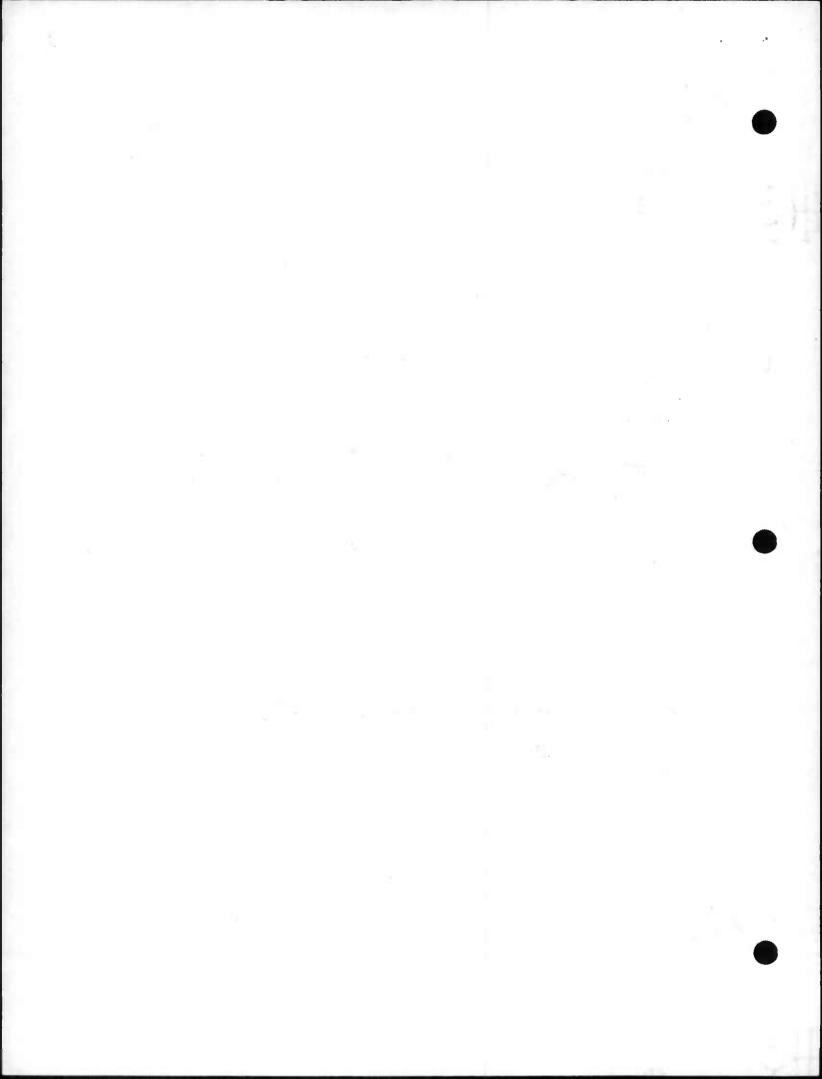
DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physicial	rs after death. Page 6 may be retained by the hospital or attending physicia
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	n by the funeral director, page 5 should be detached for use as the burial-tremoval.
IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	edical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

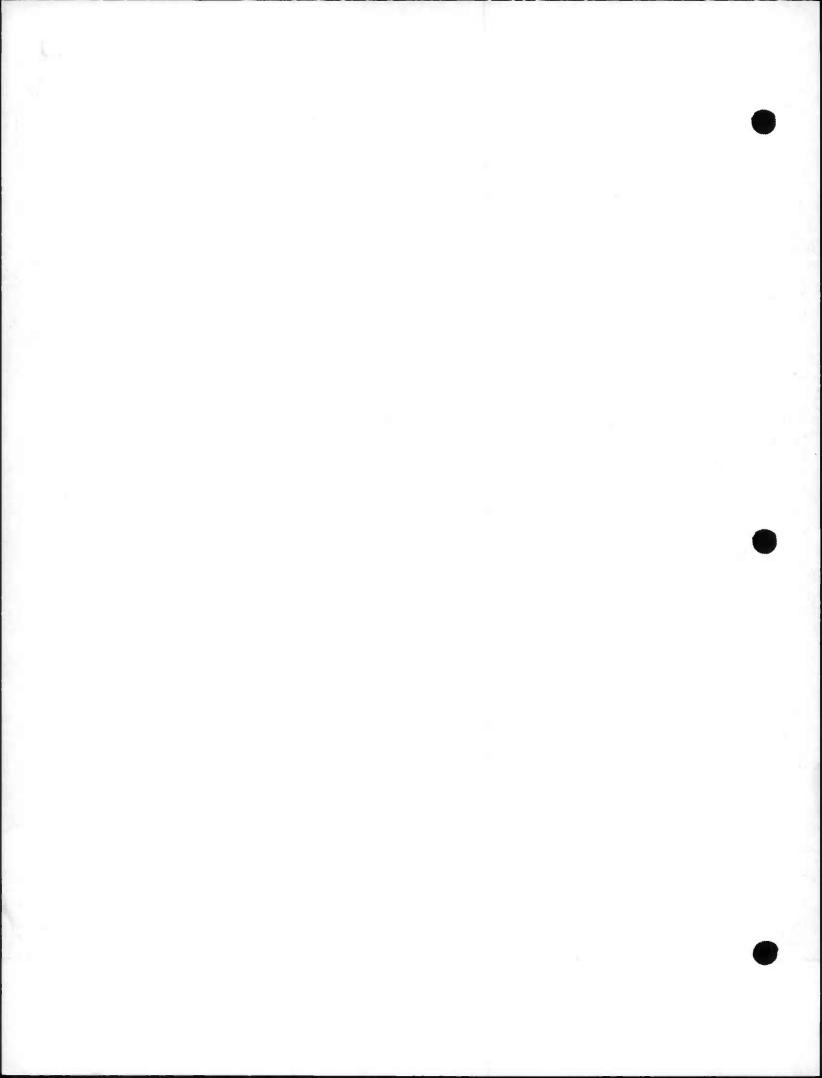
REG. NO.

_	REGISTRAR	CERTIFIC	CATE OF	DEATH	REG	. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEA			3. TIME OF D	EATH	
	Margaret Mae Kilby				September	6. 1994	YEAR	10:05	A. M	
li		In yrs. lest birthday)	F UNDER 1 YEAR		7. DATE OF BIRT			PLACE (State o		
	1 N 2 N 2	Vine M		HOURS MIN.	(Month, Day, Ye	mr)	Country	y)		
1 1	132-12-012/ A 0	8			April 2				У	
-	Se. FACILITY NAME (If not institution, give street and number)	9	b. CITY, TOWN OF	LOCATION OF DEA	ТН	9c. COI	JNTY OF DI	EATH		
0	St. Mary's Hospital		Leonard	town		S	t. Ma	rv's		
2	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY									
DIRECTOR		10c. C11 Y,	TOWN OR LOCATIO	ON				10d. INSIDE C	ITY	
	Maryland St. Mary's	Mec	hanicsv	ille				t X YES 2	□ NO	
	toe. STREET AND NUMBER		10f.	ZIP CODE		10g. Cl	TIZEN OF W	HAT COUNTRY	7	
15	6 Marshall Road 20659 United St							States		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN		13. WAS DECE	NDENT OF HISPANIE	C ORIGIN? (Speci	fy Yea or No-	14. RACE	- American I		
	1 Never Married 2 X Married FORCES? 1 YES			olfy Cuben, Mexican,		c.)		, White, atc.		
B	3 Widowed 4 Divorced			1 ☐ YES 2 📆 NO Specify: Specify: White						
COMPLETED	ts. DECEDENT'S EDUCATION		ENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY							
E	(Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of wor	k done during most etired.)	of working		17				
1 <u>2</u>	Elementary/Secondary (0-12) College (1-4 or 5+)	Housewi	fo							
N N	17. FATHER'S NAME (First, Middle, Last)	Housewi	16							
				18. MOTHER'S NAM						
ᇜ	Cecil Myers				ella Lawrence					
2	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street and	d Number or Rural Ro	oute Number, City	or Town, State, Z	ip Code)			
	Russell G. Kilby	6 Mars	hall Ro	ad, Mech	anicsvi	lle,Mar	rylan	d 2065	9	
		PLACE AND DATE OF			DATE 20	c. LOCATION -	- City or To	wn, Stata		
	4 Donetion 5 Other (Specify)	etery, cremetory or other Id Fellows	r place) 3 Cemete	rv	Bu	rlingt	on. N	lew Jer	sev	
	21. SIGNATURE AINERAL PERVICE CENSEE			ADDRESS OF FACI			,		· c c y	
1 1	Called Viens		Brinsf	ield Fun	eral Ho	me				
\square	Edward N. Bringfield, Jr.	M00052	P.O. B	ox 279,L	eonardt	own Man	rylan	d 2065	0	
	23. PART I. Enter the diseases, or complications that caused	the deeth. Do not	entar the mod	a of dying, auch	as cardiac or	reapiratory a	rreat,			
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final A A Conset and Death									
	IMMEDIATE CAUSE (Final disease or condition Death Deat									
1 1	disease or condition resulting in death) a. Massive Reght Hongsker Side Subsequence of the subsequence of t									
_	DUE TO (OR AS A CONSEQUENCE OF)									
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
A	if any, leading to immediate cause. Enter UNDERLYING							İ		
[윤]	CAUSE (Disease or injury that initiated events Due TO (OR AS A CONSEQUENCE OF):									
E	resulting in death) LAST							İ		
8	d									
	PART il. Other algnificant conditions contributing to death be	ut not reaulting in	the underlying	cause givan in P		AS AN AUTOPSY	24b.	WERE AUTOPS		
DICAL						REFORMED?	/	AVAILABLE PRICOMPLETION (
					י⊔י −	ES 2		OF DEATH?		
ME				1	_			1 TES 2	NO	
Z	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF E	DEATH YE	S X NO						
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLA	CE OF DEATH (Chec	ck only one)					
S	1 U YES 2 NO Inpetient 2 ER/Outp			5 Residence 6	Other (Specify	1)				
¥	27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year)	28b. TIME (28d. DESCRIBE I	OW INJURY OF	CURED			
ΥP	1 2 Natural 5 Pending	INJUR	100	S 2 NO						
ВУ	3 Suicide 28e. PLACE OF INJURY	- At home, farm, stre	et, factory, offica		28f. LOCATION (S	treet and Number	or or Aural A	loute Number		
9	Suicide 8 Could not be building, atc. (Spec	ify)		- 1	City or Town,	State)		,		
COMPLET	4 Homicide determined									
탈	(Check only CERTIFYING PHYSICIAN: To the best of my knowl									
ő	2 MEDICAL EXAMINER: On the basis of examination	end/or investigation,	in my opinion, de	ath occured at the to	tme, date end pla	ca, and due to	he causage	and manner e	a stated.	
l w l	296. SIGNATURE AND TITLE OF CERTIFIER	1:		29c. LICENSE NUME	BER	29d, DA	E SURNED	(Mighty Edy to	ar)	
m	XX / Nh	m)		D25230		D 4	9/3	194	2-9 c	
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) AVDE. PI	int)	263630			1-1	1		
				0000md+	M	, Land	DOGEO		2.0	
	David C. Allen, M.D. 115 Was 31. DATE FILED (Month, Day, Year) 32. BEGISTRAR'S SIGN.	hington S	rreer, L	eonardto	wn, mar	yrand 4	0000			
	31. DATE FILED (Month, Day, Year) SEP 13 1994 Julia Days Land	n-Rardall								
إسا	255 TO 1334 June									



THE POR	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nouns after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
0005	O THE HOSPI	O THE FUNEF	e filed within	MPORTANT

	1 - FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTME			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	4.	Ka	at		2. DATE OF DEATH SOUTH	12,19	3. TIME OF DEATH	
	236-80-1320	1 🗆 M 2 🗗 F 9	s. last birthday) IF U	INDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2 - 7 - 9	8	BIRTHPLACE (State or Foreign Country) Netherlands	
TOR HOT	Pa. FACILITY NAME (If not institution, give stre	Rehabtn'	Sg Ctil		erSP1	RING M	ac. COUNTY	Mon T	
DIRECTOR	10a. STATE 10b. COUNTY DC			my or Location,				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 1834 Lamont Street	t, N.W.		101. 3	20010			therlands	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TO OFFICE STATES OF THE STATES OF			If yes, specify Cuban Mexican, Puerto Ricen, atc.) 1 ☐ YES 2 ☐ NO Specify: Specify:					
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	Give kind of work of life. Do NOT use retin	lone during most red.)	of working	16b. KIND OF BU			
MP S	17. FATHER'S NAME (First, Middle, Last)	4	Property				Estate	е	
E	Piet Veltkamp				Annama	ME (First, Middle, Maideo arie Ris	1 Surname)		
00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDI	RESS (Street and	_::	Route Number, City or Tox	vn, State, Zip Co	ode)	
2	Fancy H. Thiess	3	1834 L	amont :	Street,	N.W., Wa	shingto	on, DC 20020	
	20a. METHOD OF DISPOSITION 1 General Burlel 2 Command General	val from State cemetary	CEAND DATE OF DIS	lacel		DATE 20c. LO		y or Town, Stata ria, Virginia	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			ADDRESS OF FA				
	, selection							Washington, D	
	23. PART I. Enter the diseases, or co shock, or heert failure. Li IMMEDIATE CAUSE (Fine)	nplications that caused the list only one cause on each	e death. Do not a	nter the mod	a of dying, suc	h as cardiec or reap	piratory arrest	t, Approximate interval Between Onset end Deatl	
	disease or condition resulting in deeth) e.	Acute Co-di	topulment	rary a	arrest			alirla	
,		DUE TO (OR AS A COI						414	
<u>0</u>	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE OF):						
₹	CAUSE (Disease or Injury	arti 172						4/24	
CERTIFICATION	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): A 1 2 he had a 1 1 havene							19905	
PHYSICIAN: MEDICAL C	AS WO COPYO PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? AVAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?							COMPLETION OF CAUSE	
ż									
SICIA		HOSPITAL:		HER:	CE OF DEATH (Ch	8 Other (Specify)			
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJUI WOR	RY AT	28d. DESCRIBE HOW	INJURY OCCUR	RED	
Β¥	1 Natural 5 Pending 2 Accident Investigation	NIA		M 1 NE	S 2 1 NO		_		
COMPLET	ano)	29a. CERTIFIER (Check only (Ch							
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			IGNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) /Time Print)	<u> </u>	0111	4 L0910	9/	112 / 44	
			Colerville		SS, M	4 20410	•		
	31. DATE FILED (Month, Day, Year) SEP 1, 4 1994 Julia Davidson-Randella.								



50, BALTIMORE, MARYLAND 21215-0020	within hours after death. Page 6 may be retained by the hospital or attending p	potety filled in by the funeral director, page 5 should be detached for use as the ticemation, or removal.	rent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	J Elwood	Koe	gke	2. DATE OF DEATH MONTH	~~ · · · · · · · · · · · · · · · · · ·	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 561-54-5761 90. FACILITY NAME (If not institution, give	1½ M 2 □ F 74	YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) April 30,	0	HRTHPLACE (State or Foreign country) I OWA	
	eral Hospita		Olney		Montgo		
10e. STATE 10b. COUNT	ontgomery	10c. CITY, T	dy Spring		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
10e. STREET AND NUMBER			10f. ZIP CODE 2086	•	10g. CITIZEN OF WHAT COUNTRY?		
16808 Lehigh 11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	S 2 Merried Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, OIVE WAR OR DATES			ANIC ORIGIN? (Specify Yee sen, Puerto Rican, atc.)	Black, White, atc. Specify:		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) ary/Secondary (0-12) College (1-4 or 5 +) 5+ Attorney			166. KIND OF BUS	SINESS/INDUST	White RY	
17. FATHER'S NAME (First, Middle, Lest) Gilbert Herbert Koepke				IAME (First, Middle, Malden		lerson	
190. INFORMANT'S NAME (Type/Print) Jane L. K	eller	19b. MAILING AD	DRESS (Street and Number or Aura Lehigh Drive,			•	
23. PART I. Enter the disease, or ahock, or heart failure immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO (OR AS A	ach line.	enter the mode of dying, su	ch as cardiec or reap			
PART II. Other algolificent condition	ons contributing to death b	out not resulting in t	he underlying ceuse given i	n Part I. 24e. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: OTHER:						
27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW I	NJURY OCCURE	ED	
2 Deviate	2 Accident 3 Suicide 5 Could not be 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, stc. (Specify)						
anal	HER: On the basis of examination		nt the time, date end place, end do n my opinion, death occured at ti	ne time, date end place, en	nd due to the ce		
36-0	in indus		DOZ	546	▶ Se	SHED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE		m) .8 W .5 Sm	SIN AU	e I	32Thoda	
31. DATE FILED (Morith, Day, Year) SEP 1 9 19	32. REGISTRAR'S SIGN						

31. DATE FILED (Month, Day, SEP 1

NG, MUSSON

Julia Daydoon

4 1994

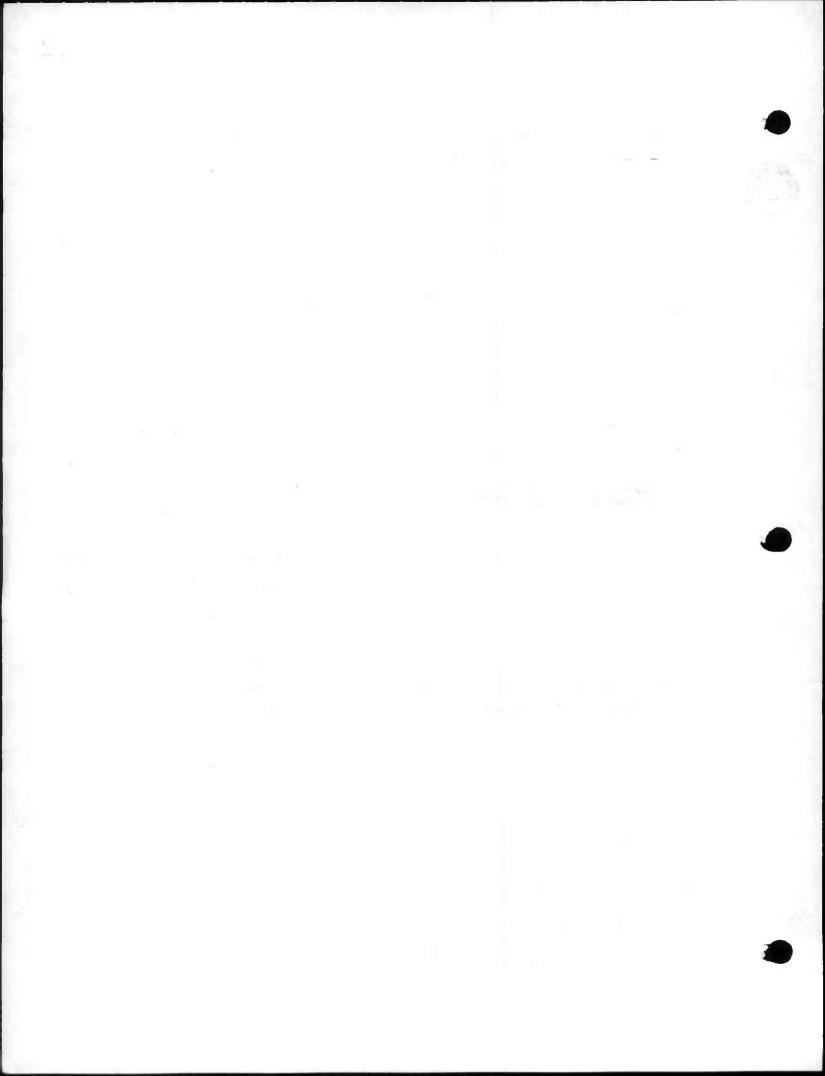
	1 - STATE STELLA D. KUYKENDALL CERTIFICAT	T OF HEALTH AND ME OF DEATH	IENTAL HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last) STELLA D KNYKENDALL		2. DATE OF DEATH DATE OF DATE	0.1	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 212-74-3616 5. SEX 6. AGE (In yrs. lest birthday) F under 1 M 2 S F 99 YRS. MONTHS	DAVE HOUSE THE	7. DATE OF BIRTH (Month, Day, Year) (Ay 13, 18	S. BIRTI	NESSEE			
TOR	IIOUIADD COINTER CERTIFICATION	Y, TOWN OR LOCATION OF DEA	ARD					
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN HOWARD ELKRI				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 189 KEETON ROAD	10f. ZIP CODE 21 227		UNITED				
BY	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	WAS DECENDENT OF HISPANIC If yes, specify Cuban, Maxican, 1 ☐ YES 2 NO Specify:	C ORIGIN? (Specify Yea , Puarto Rican, atc.)	or No — 14. RACI Blac Spec	E — American Indian, k, White, atc. fry: WHITE			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5 +) HOMEMAKE	during most of working	16b. KIND OF BUS					
BE CO	17. FATHER'S NAME (First, Middle, Last) GEORGE MAXEY	18. MOTHER'S NAM JULIE	E (First, Middle, Maiden . MAHAN	Sumame)				
TOE	196. INFORMANT'S NAME (Type/Print) IMOGENE K. BEALL 196. MAILING ADDRES 2625 BELP	S (Street and Number or Rural Ro RE ROAD SIL	VER SPRING		20906			
	20a. METHOD OF DISPOSITION 1 B Burlel 2 Cremetion 3 Ramoval from Stata 4 Donation 5 Other (Specify)	SITION (Name of	1 /	CATION — City of To RTONSVILI				
	Muruel VI- Darke	NAME AND ADDRESS OF FACI WURLEL H. BAR POBOX 5038 I.	BER FUNERA		20882			
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition recuiting in death) But TO (or AS A CONSEQUENCE OF):	r the mode of dying, auch	ae cerdiac or respi	ratory arrest,	Approximata Interval Between Onset and Death			
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Cardio vaso through of	cular d prosthe	riscose ris	Jag.			
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in party. 24a. WAS AN AUTOPSY FINDINGS AWILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 (1) NO 25. WAS CASE-REFERRED TO MEDICAL EXAMPLER? HOSPITAL: OTMER!							
В	1 Syes 2 NO 1 Inpetiant 2 ER/Outpetiant 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation Investigation 2 Accident Investigation 3 Suicide s Could not be determined determined of the control							
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the money one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my of the basis of examination and/or investigation, in my of the basis of examination and/or investigation.		the cause(s) and mani	ner se stated.	and manner as stated.			
TO BE C	Laurel tay MD 738558 Depty METHOR	29c. LICENSE NUMB	D31473	29d. DATE SIGNED	9/12/94			

MAZION

ELLICOTTOTT

A. TOTE

4565 HEMLOCK CONE WAY



	1	1.6.1.3		
9	1	ifter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit primer Page		
	m. n	ransit per		
	physicia	burlal-ti		
	attending	se as the		
!	ospital or	hed for u		-2
	by the ho	be detac		at once
	retained	5 should		notified
•	may be	or, page		ust be r
	h. Page 6	eral direct		nlner m
	after death	y the fund	noval.	cal exan
	ST HOURS	filled in b	on, or rer	ne medi
	NG PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician	mpletely	. cremati	event, tl
	e execute	an and co	to buria	umatic
	rtificate b	g physicia	iene prior	ther tra
	death cei	attendin	ental Hyg	ıry, or o
	that the	ed by the	th and M	any Inju
	v requires	been sign	t. of Heal	shows
	V: The lav	icate has	State Dep	Item 23
	HYSICIA	this certif	with the	ked, or
	ENDING F	R: After	ter death	Is mar
	O THE HOSPITAL DR ATTENDII	AL DIRECTOR:	hours af	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	HOSPITAL	FUNERAL	within 72	TANT: If
	TO THE	TO THE FUM	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		С	ERTIF	ICATI	E OF	DEA	TH		REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH				3. TIME OF DEA	TH
	°	Anr	na Li	kens					S.E	pt.	8	19	YEAR 94	1:30	70 M
- 1	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. Ia		IF UNDER	A 1 YEAR	IF UNDER	24 HRS.	7. DAT	E OF BIRTH				PLACE (State or Fi	
	232-38-5696	1 🗆 M 2 💢 F		5 YRS.	MONTHS	DAYS	HOURS	MIN.	Mar	ch 4	190		Country	"Virgin	ia
	9a. FACILITY NAME (If not institution, give	street and number)			Oh OITI	C TOMBL	R LOCATI	011 05 01		. 011			TY OF D		iia
œ		,	Hogoit	- 1		Dak1		ON OF DE	EAIH		9c.				
DIRECTOR	Garrett County	Memoriai	TIGEOR	d1		Jaki	and					G	arre	272	
	10e. STATE 10b. COUNT	Υ	-	10c. CIT	Y, TOWN	OR LOCAT	ION							10d. INSIDE CITY	,
뛰	W.VA. Pro	eston		m,	erra	λ1+·	-							LIMITS?	
	10e. STREET AND NUMBER	25 COII		1 16	ELLA	_	. ZIP COD	E .			100	CITIZ	ZEN OE W	1 YES 2 1	, NO
FUNERAL	Donate	- 1									104			MAI COUNTRY?	
Z I	Routs	12. WAS DECEDENT	EVED IN ILE AL	DMED	42	W00 050		5764	40 0m/0				SA		
	1 Never Married 2 Merried	FORCES? 1	YES 2 🔀			If yes, sp	ecity Cube	n, Mexica	n, Puerte	iiN? (Specify o Rican, atc.)		°		— American Indi , White, etc.	еп,
à	3€ Widowed 4 □ Divorced	IF YES, GIVE WA	R OR DATES			1 TYES	\$ KNO	Specify	y:			-1	Specif	whit	e l
ED	15. DECEDENT'S EDU	CATION	16e, DI	ECEDENT'S	USUAL O	CCUPATIO	ON		16	8b. KIND OF	BUSINES	S/INDI	ISTRY		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(0	Give kind of a. Do NOT u	work done	during mo	st of working	ng	- "			0.000			
MPLET	7	Conege (1-4 or 5+)		emako	er					T	ome	sti	C		
<u> </u>	17. FATHER'S NAME (First, Middle, Last)						18 MOT	HER'S NA	ME (First	Middle, Mair	ion Sumo	me)			-
CO		Harry Al	len He	bb			10. 110.			Jane					
00	19e. INFORMANT'S NAME (Type/Print)				ADDRES	C /Ctmat	and Alexandra		**	mber, City or					
임	Clifford W. Like	อกร								WV			Code)		i
	20e. METHOD OF DISPOSITION	2110	20b. PLACE					LIU Z							-
		noval from State	Terra	amatory or o	ther place)	SITION (Na	ma or	7 11	DA				Offy or To		
	4 Donetion 5 Other (Specify)	CENSEE	Terra	ALC			D ADDRE	-		14 1	erra	a A	ita,	W.Va.	
	0 11	. / . /								Funer	a1 l	Tom	e. I	nc.	
	Urthur H	Wrigh	t											26764	
	23. PART i. Enter the diseases, or	complications thet	ceused the de	eeth. Do	not enter	the mo	de of dy	ing, suc	h as ce	rdiac or re	spirato	у агте	est,	Approxim	
	shock, or heart feilure. IMMEDIATE CAUSE (Final	cist only one ceus	e on each line		,	,	^							Onset an	
- 1	diseese or condition resulting in desth)	. (m9	estud	14	Pan	f 4	-ar	lun	10	7				į	1
ı	resorting in destri)	DUE TO (OR AS A CONSE											+	
z		h													
일비	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE O	F):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	С.													
<u> </u>	thet initiated events	DUE TO (OR AS A CONSE	OUENCE O	F):										,
	resulting in death) LAST	d													
	PART ii Other eignificent condition	ne contributing to	looth but not		In the				D				Т		
8	PART II. Other aignificent condition	is contributing to t	seeth out not	resulting	in the ui	nderiyin	g ceuse (given in	Part I.	24a. WAS PERI	AN AUTO		24b.	WERE AUTOPSY F AVAILABLE PRIOR	TO
5 II										1 🗆 YES	2/C N	Ю		OF DEATH?	CAUSE
ME														1 - YES 2 -	МО
PHYSICIAN:	DID TOBACCO USE	CONTRIBUTE	TO CAL	JSE O	F DEA	TH	YES [] NO	<u> П</u>						
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only	one)					
2	1 TYES 2 NO	1 Inpatient 2 🗆	ER/Outpatient	3 🗆 DOA			e 5 🗆 Re	esidence	6 🗆 Otl	her (Specify)					
E	27. MANNER OF DEATH	26a. DATE OF I (Month, Da	NJURY y, Year)	26b. TIN	IE OF	26c. INJ WC	URY AT		28d. D	EȘCRIBE HO	W INJUR	Y OCC	URED		
À	1 Natural 5 Pending 2 Accident Investigation				М	1 🗆	rES 2	NO							
- 11	3 Suicide 6 Could not be	26e. PLACE OF building, e	INJURY - At he	ome, tarm,	street, tac	tory, offic				OCATION (Street) or Town, St		umber (or Rural R	loute Number,	
MPLEIED	4 Homicide detarmined		ar Yeye''												
۱ ۲	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of r	ny knowledge, d	eath occurr	ed at the t	time, date	end place	, end due	to the c	euse(s) end	menner 4	e state	ıd.		
E	one) 2 MEDICAL EXAMIN) end manner as :	stated.
3	29b. SIGNATURE AND TITLE OF CERTIFIE			(2-12-0)						- 0 1112	_				
n n	//2//	an S	20				D S	ENSE NU	MBER /	′	290	. UATE	SIGNED	(Month, Day, Yeer)	
2 │	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CALLS	E OF DEATH (***	M OT C	Origin		20	6 0	*/			4/	1814	1	
						1=1 =-	. b.	AL 2	1 5 5 7	`					
	Jerry A. Adams,		N. 4t	II St.	. Ua	ait Ld)	nd, N	עני.	TOOL						
	SEP 1 1 1984	12, REGISTRAF	SIGNATURE	Lets!											

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mounts after death. Page 6 may be retained by the hospital or attend
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)
SEP 1 9 1994

32. REGISTRAR'S SIGNATURE

										94	28	714
	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR RTIF	TMENT OF	HEALTH DEAT	AND N		HYGIENI REG. NO.	E		
	1. DECEOENT'S NAME (First, Middle, Last) CRAIG	DA	RNELL		LYLES			2. DATE OF SEPT		4	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-19-4467	5. SEX 1 M 2 F	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D	BIRTH (ay, Year)	974	Country)	CE (State or Foreign
H.	90. FACILITY NAME (If not institution, give stre SHADY GROVE HO				96. CITY, TOWN					9c. COUN	TY OF DEAT	н
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOC					1101		d. INSIDE CITY
	Maryland Mon	tgomery			Gaithe	rsbur				10o. CITIZ		LIMITS? YES 2 1 NO T COUNTRY?
FUNERAL	17710 Topfield 1						877				USA	
BY FU	11. MARITAL STATUS Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE W	YES 2 N	MED D	If yes, s	CENDENT Copecify Cube	n, Mexicen	C ORIGIN? (S., Puerto Rica	Specify Yes in, etc.)	or No—	I4. RACE — Black, W Specify:	American Indian, hite, atc.
TED	15. DECEOENT'S EDUC/ (Specify only highest grade c	ompleted)	(Giv	EDENT'S to kind of v	USUAL OCCUPAT	ON ost of working	ng	18b. Ki	NO OF BUS	INESS/INDU		ALGOR.
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	mo.		Clerica	-			-	overr	ment	
BE CO	17. FATHER'S NAME (First, Middle, Last) John Fletcher	Lyles,					Wa	ME (First, Midd nita	Randa	11		Maria de la companya de la companya de la companya de la companya de la companya de la companya de la companya
5	John F. Lyles,	Jr.			ADORESS (Street							377
	20a METHOD OF OISPOSITION 10 Burlel 2 Cremetion 3 Remon	ral from State	20b. PLACE A	NO DATE O	her place) Mem . Ga	ame of	0/1	OATE		ederi		
	21. SIGNATURE OF FUNERAL SERVICE LICE	olonum	th	Q V () 1.1	22. NAME / 2640	ND ADORES	s of fac		amasc	us, M		iu .
	23. PART I. Enter the diseases, or constant fellure. Limited in the constant fellure. Limited in the constant fellure in the c	st only one caus	caused the desire on each line.	ple	ot enter the m	ode of dyl	ng, such	as cardiad	or respir	retory arre	st,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST		DR AS A CONSECU									
MEDICAL	PART ii. Other significent conditions DID TOBACCO USE CONTRI				n the underlyin		iven in F	_ 1	e. WAS AN A PERFORI	MED?	AM CO OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE	OF DEAT	H (Check only one	3 0140	LKIAII					
HYS	1 ¥S 2 NO 27. MANNER OF OEATH	28e. DATE OF II	VJURY	28b. TIMI		JURY AT A	_	Other (S		JURY OCCU	IREO	
B	1 Naturel 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	280. PLACE OF	199 At hom	235	M 1 🗆	YES 2	NO	Par. LOCATIO	ON (Street)	2 nd Number o	Rural Route	Number, A
LETE	4 Homicide determined		sc. (Specify) S7	Pt	न			mint	own, state)	and (ogu	Leellay
COMPLETED	(Check only one) 25 MEDICAL EXAMINER:											d manner es stated.
TO BE (29b. SGRATURE AND TITLE OF CERTIFIER	Lorfe	M				NSE NUME					nth, Day, Year) 5 , 1994
Ė	30 NAME AND ADDRESS OF PERSON WHO THE LOT	KE, M	OF DEATH (ITEM) 111	²⁷⁾ (Type, Peni	Stre				e, M			

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RES	ı	5	I
10a.	1	H	I

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Surs after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

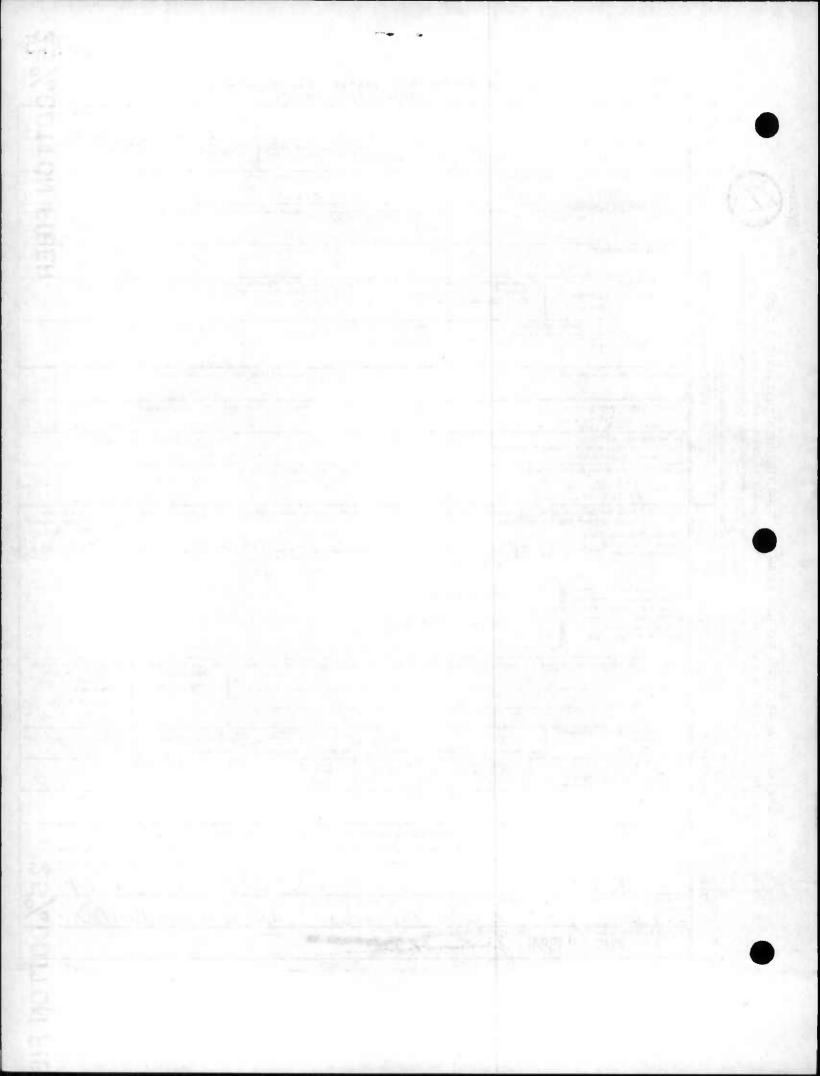
BALTIMORE, MARYLAND 21215-0020

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF D	EATH	REG. NO).	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH	MY YE	3. TIME OF DEATH
Marie M. Lyncl	h					1994	10:00 A
4. SOCIAL SECURITY NUMBER 213-22-5991	1 M 2 TF			UNDER 24 HRS. DURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 25	8. 1	SIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give sti 100 Prussian RESIDENCE OF DECEDENT			Centre			9c. COUNTY	
10a. STATE 10b. COUNTY	en Anne's		rasonvi			1710	10d, INSIDE CITY LIMITS?
10s. STREET AND NUMBER		3 0		CODE		I to OFFITTH	1 YES 2 NO
200 Jacksons				21638		U.S	
11. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR (YES 2 NO	If yes, specif		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) ly:		RACE — American Indian, Black, Whita, atc. Specify: White
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of wo		f working	16b. KIND OF BU	ISINESS/INDUST	
17. FATHER'S NAME (First, Middle, Lest)		Homem					
Jayob Fuchs				Mary	ME (First, Middle, Melder Anne Ki	ing	
19a, INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		
Mr. Francis C	. Lynch	100	Prussia	an Tui	cn, Centi	revill	e, Md. 216
20a. METHOD OF DISPOSITION 1 Description Description	oval from State	206. PLACE AND DATE OF cemetery, crematory or oth Woodlawn	er place)	Aug	BATE 20c. LA	OCATION — City	or Town, State Maryland
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE /	/S	Tom	Helfer	nbein Fur	neral	Homes, P.A r, Md. 216
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF) AS A CONSEQUENCE OF)	:		John Cary		TOUNG
PART II. Other algnificant conditions	s contributing to dea	ith but not resulting in	the underlying c	suse given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLAC	E OF DEATH (C	neck only one)		
1 TYES 2 HO	1 Inpatient 2 □ ER	/Outpatient 3 DOA	4 - Nursing Home		8 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJI (Month, Day, Y		RY WORK		28d. DEŞCRIBE HOW	INJURY OCCURI	ED
3 Suicide 8 Could not be datarmined	28e. PLACE OF IN. building, etc.	JURY — A1 home, farm, st (Specify)	reet, factory, office		28f. LOCATION (Street City or Town, State		tural Route Number,
onel	R: On the basia of axami	knowledge, death occurred	, in my opinion, deati		time, data and place, a	nd dua to the ca	use(s) and manner as stated.
(Check only 1 GENTIPTING PHYSIC one) 2 MEDICAL EXAMINER	R: On the basia of axami	nation and/or investigation	, In my opinion, deatl	occured at the	time, data and place, a	nd dua to the ca	AND REAL PROPERTY.

DHMH-16 Rev 1/89



		fo.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	tained by the hospital or attending physician.	
DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trapisit permit	should be detached for use as the burial-traysit perm	pindu
hours after death with the state Dept. Of Health and Mental Hygiene prior to bunal, cromation, or removal.		
item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	tiffed at once.	-

HOSPITAL FUNERAL I within 72 h

BE

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. . FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First Middle Last) 3. TIME OF DEATH 8-24-94 Charles F. Lutz 11:35 A 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign DAYS HOURS 1 X M 2 | F 219 10 0749 Feb. 21, 1920 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Perry Point Veterans Hospital Perryville Cecil 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Queen Annes Centreville 1 XYES 2 NO IGA. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WNAT COUNTRY? 220 Tilghman Terrace 21617 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 XNO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced White 1942-1943 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Farm Hand 6 Agriculture 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Unknown Unknown BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Donna Marie Perkins 830 Del Rhodes Ave Queenstown MD. 21658 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State 1

Burlal 2 □ Cremation 3 □ Re
4 □ Donation 5 □ Other (Specify) □ Veterans Cemetery 8/31 Мď Hurlock, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Tom Helfenbein Funeral Homes, PA. Juck Vers 106 Shamrock Rd Chester, MD 21619 23. PART 1. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feliure. List only one ceuse on each line. Approximete IMMEDIATE CAUSE (Finel Onset and Death disease or condition . Renal Failure resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE Severe Alcoholism 1 YES 2 NO OF DEATH? Severe malnurishment 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HQSPITAL: OTHER: 1 TES 2 NO 1 4 Inpetient 2 ER/Outpetient 3 DOA ng Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 26b, TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED INJURY 1 X Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besia of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7. 29b. SIGNATURE AND TITLE OF CERTIFIER

50

32. BUGISTRAN'S SIGNATURE ali Danden of

SURINDERPAL SODHI, M.D., VAMedical Center Perry Point, MD 21902

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) Cyps, Print)

31. DATE FILED (Month, Day, Year) 1994

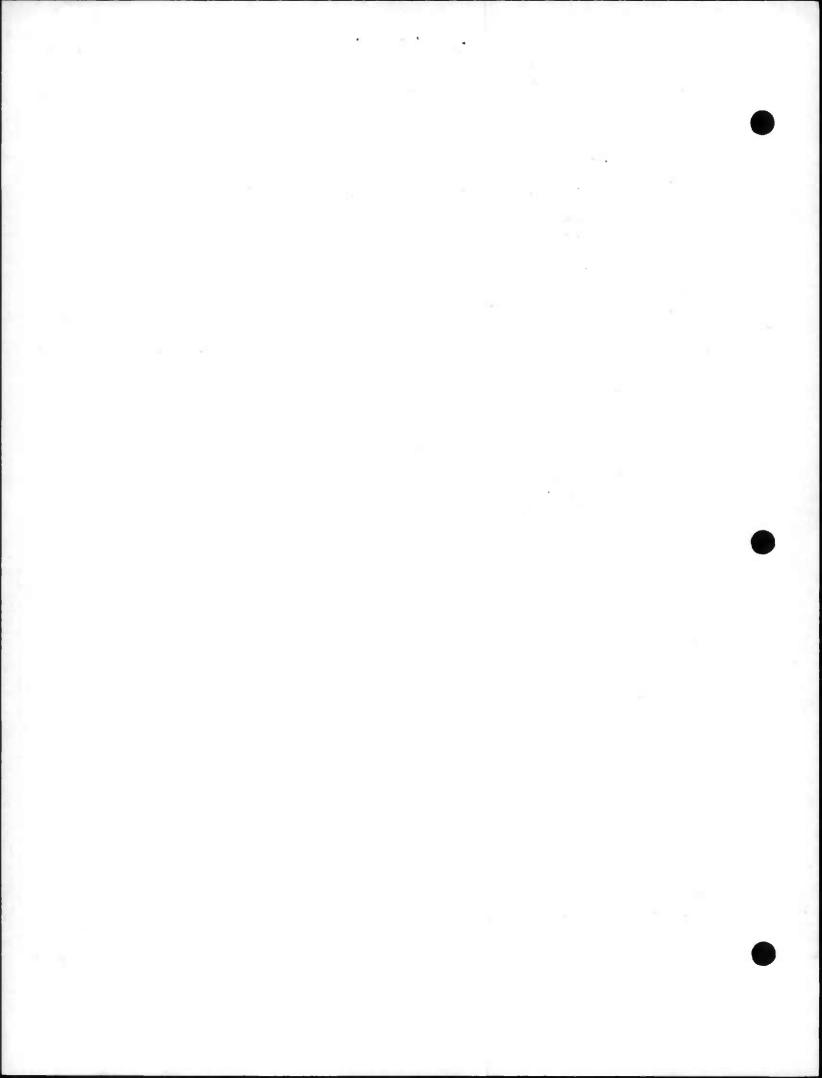
29c LICENSE NUMBER

MD019097

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

8-24-94



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending	urs after death. Page 6 may be retained by the hospital or attendi
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the befilled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	in by the funeral director, page 5 should be detached for use as t removal.
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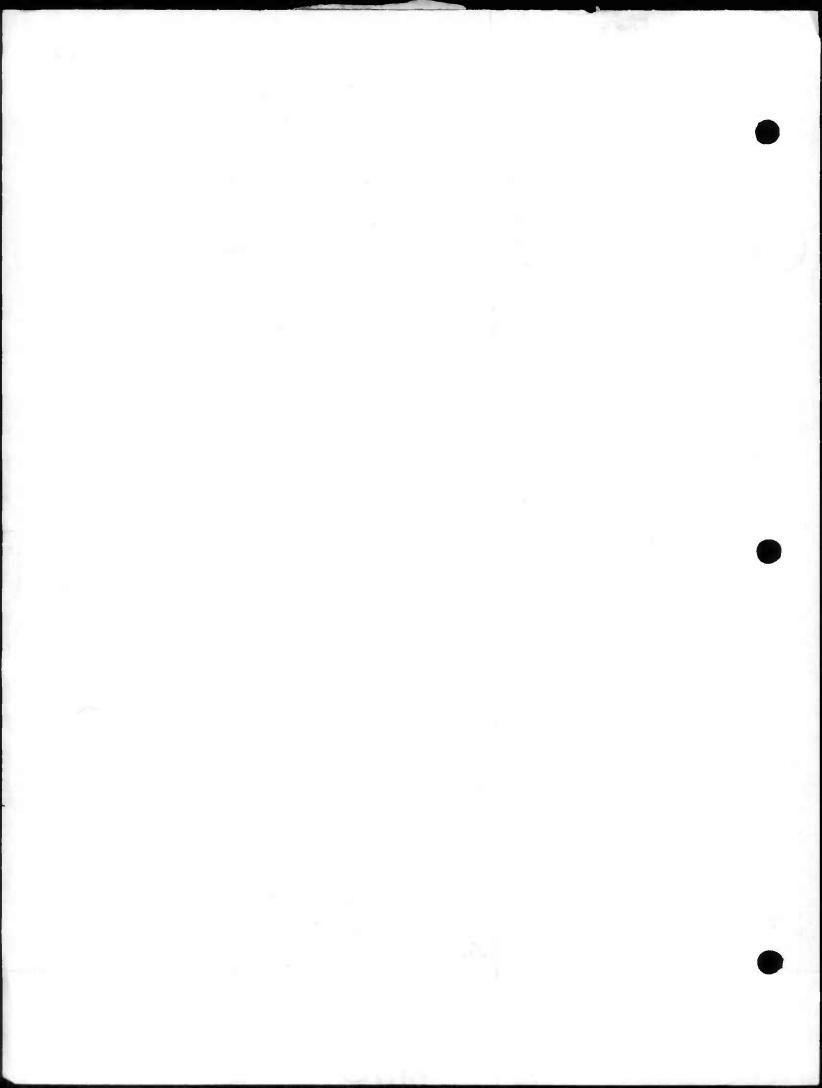
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	1 - STATE REGISTRAR	STATE OF MARYLAND			OF HEALTH ANI) ME	NTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Linst)						DATE OF DEATH			3. TIME OF DEATH	
ij	Minnie Elizabeth 1	Long					month D		YEAR QQ/I	8:45 P M	
ă	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs	. last birthday)	IF UNDER 1 Y		S. 7.	DATE OF BIRTH (Month, Day, Year)	* * * *		PLACE (State or Foreign	
	579-28-1344	1 □ M 2 및 F 8(O YRS.	MONTHS D	MYS HOURS MIN		av 26.191	4		bama	
	9e. FACILITY NAME (If not institution, give st	reet end number)		9b. CITY, TO	OWN OR LOCATION OF				JNTY OF D		
DIRECTOR	P.O. Box 85, 27 K	ing Drive		Med	hanicsvi	le		St	Ma	ry's	
REC	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR	LOCATION					10d. INSIDE CITY LIMITS?	
۵	Maryland St. Ma	ary's	Me	chanic	sville					1 TES 2 NO	
A	10e. STREET AND NUMBER				101, ZIP CODE		TIZEN OF W	NAT COUNTRY?			
当	P.O. Box 85, 27 K	ing Drive			20659			States			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	ARMED		S DECENDENT OF HIS			or No-	t4. RACE	- American Indian, White, etc.	
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	(M)		YES 2 NO Sp		oerio rican, etc.)		Specif			
									Blac	ck	
1	t5. DECEDENT'S EDUC (Specify only highest grade		Give kind of a life. Do NOT us	vork done duri	JPATION Ing most of working		16b. KIND OF BUS	SINESS/IN	DUSTRY		
٦	Elementery/Secondary (0-12)	College (1-4 or 5+)									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		House	keeper			Hotel				
ö	John McDaniel						(First, Middle, Maiden	Surneme)			
BE	t9a, INFORMANT'S NAME (Type/Print)		40h MAH (NC	4000500 (6			Bradley				
2	Barbara Elizabeth	Mond			treet and Number or Ru						
	20e. METHOD OF DISPOSITION		CE AND DATE			Uri			/ille	Md 20659	
	1 N Buriel 2 Cremetion 3 Hame 4 Donation 5 Other (Specify)	ovel from State cemetery	crematory or o	ther nlecel	•					.,	
	21. SIGNATURE OF PUHERAL SURVICE LIG	Char	tes me	22 NA	1 Gardens	FACILI	/23 Leo	nard	town,	Maryland	
	UMA DI	Kent -			nsfield F						
		nkenship		P.C	Box 279	, Le	onardtow	n,Ma	rylar	nd 20650	
	23. PART I. Enter the diseases, or c shock, or heart failure.	omplications that caused the	death. Do r	not enter th	a mode of dying, a	uch a	a cardiac or respi	ratory ar	rreat,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final									Onset and Death	
	disease or condition resulting in death)				recisents.					10/93,	
		DUE TO (OR AS A CON		F):							
Z	Sequentially list conditions,	. HYPERTONT									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CON	ISEOUENCE O	F);							
임	CAUSE (Disease or injury	DUE TO (DR AS A CON	ISEDIJENCE O	D.							
Ē	that initiated events reaulting in death) LAST	50E 10 (511 NO N 001	OLDOLIVOL O	,.							
8		1.									
AL	PART II. Other aignificant conditions	s contributing to death but no	ot reaulting	in the unde	riying cause given	in Par	t i. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS	
5							1 TYES 2			AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
WE								,-		1 YES 2 NO	
ž	DID TOBACCO USE C	CONTRIBUTE TO CA	USE OF	DEATH	YES N	O	<u> </u>				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF DEATH	(Check	only one)				
Sic	1 YES 2 (X) NO	HOSPITAL: 1 Inpatient 2 XER/Outpatient	1 3 DOA	OTHER:	Home 5 Residen	ce 6 [Other (Specify)				
إِ	27. MANNER OF DEATH	28e, DATE OF INJURY (Month, Day, Year)	28b. TIM		ic. INJURY AT	_	d. DESCRIBE HOW II	NJURY OC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation	(MONIT, Day, 1881)	IN.		WORK?						
	3 Suicide 6 Could not be	26e. PLACE OF INJURY — Albuilding, etc. (Specify)	t home, ferm, :	treet, factory	, office	26	f. LOCATION (Street a	nd Numbe	or or Rural R	oute Number,	
COMPLETED	4 Homicide datarmined	banding, 4th (openly)					City or Town, State)				
٦	29e. CERTIFIER (Check only	CIAN: To the best of my knowledge	death occurr	ed at the time	data and place, and	tue to t	he couse(s) and men	ner ee ete	ted		
N N										end manner ee stated.	
	29b. SIGNATIONE AND TITLE OF CERTIFIER			nn, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end manner ee stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)						LI-VI - CI-CI VOCUINE	
B	(/hi mo				D3419	-	34539	290. DA	4.20.		
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (TEM 27) (Type	Print)	777417	0 1	774194	-	, ,,,,	7	
	Pholid Huggin M	D 14 1.1	0.	-	ordtar- M	0.5	lond 200	-0			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	E D	, Leon	ardtown,M	ary.	rand 2065)U			
	9.20 CAH 91 10	394 Julia Dauch	LOT FOR THE								
	SEP 64 N	9									

DHMH-16 Rev 1/89

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1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. N	0.			
1. DECEDENT'S NAME (First, Middle, Li	est)				2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH	
THOMAS T	HAZIN	LAURE	7 9=		THE			1215 A.W	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGI	E (In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign	
368-44-9832	1 🔀 M 2 🗆 F	51 YRS. M	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	12	Count	higan	
9e. FACILITY NAME (If not institution, g	ive street and number)		h CITY TOWN	OR LOCATION OF DI	May 5,19		NTY OF D		
				ville	-2411				
RESIDENCE OF DECEDENT	-	cai	ROCA	VIIIC		Mo	ntgo	mery	
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE									
Shady Grove Adv RESIDENCE OF DECEDENT 100. STATE 100. COU	Montgomery			hersburg				LIMITS?	
	Montgomery			. ZIP CODE		T		1 TES 2 NO	
100. STREET AND NUMBER 2 Gibson Place 11. MARITAL STATUS 1 Never Married 2 Merried			10					WHAT COUNTRY?	
2 Gibson Place				20878			ted S	States	
11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES				IIC ORIGIN? (Specify) n, Puerto Ricen, stc.)	es or No—	14. RACI Blac	E — Americen Indien, k, White, etc.	
3 Wildowed 45 Divorced	IF YES, GIVE WAR OR			2 NO Specif			Spec		
			1					White	
15. DECEDENT'S (Specify only highest g		16a. DECEDENT'S US (Give kind of wor	k done during mo		16b. KIND OF B	USINESS/INI	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use i	etired.)			_			
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	4	Teac	her		Edu	cation	n		
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maide	n Surneme)			
	ambert			Cece:	lia Vi	snaw			
19e INFORMANT'S NAME (Type/Print)		19b. MAILING AI	ODRESS (Street o		Route Number, City or To		p Code)		
William D. Duva	3.1				hersburg,			20878	
20e. METHOD OF DISPOSITION		0b. PLACE AND DATE OF				OCATION —		www. Challe	
1 Burlel 2 Cremation 3 F 4 Donation 5 Other (Specify)	Removal from State	emetery, crematory or othe	place)	9/9	/94		-		
21. SIGNATURE OF FUNERAL SERVICE		iontgomery	Cremat	orium, I	nc. Be	tnesa	a, Ma	aryland	
Signature of Foreign Service	CICENSEE		ZZ. NAME A	AD ADDRESS OF FA	Rober	t A. I	Pump.	hrey Funera	
1 Hecheles	1. Killa	M00348			e, Inc., le. Marvl				
23. PART i. Enter the diseasea,	or complications that caus	ed the death. Do not	enter the mo	de of dying, suc	h as cardiec or res	piretory er	reat.	Approximate	
ahock, or haert fallu	re. Liat Dniy Dne cause on	aech iine.						interval Between	
iMMEDIATE CAUSE (Finel disease or condition	0 . 1) C.		1			Onset and Death	
resulting in death)	a. Aguired DUE TO (OR AS	I hmuno	detic	e acg S	undro	nne	<u>ノ</u>		
9		1		U	G				
Sequentially list conditions,	b. 10 XO	A CONSEQUENCE OF):	515						
if any, leading to immediate	0								
CAUSE (Disease or Injury		zures							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):							
lescring in death) EAST	d								
	tions contributing to death	hut not requising in	************	a anno atros to	Deat las una		T	<u> </u>	
PART II. Other significant condi	tione contributing to death	but not resulting in	the underlyin	g cause given in	PERF	N AUTOPSY	246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
					1 YES	2 10		COMPLETION OF CAUSE OF DEATH?	
8						,		1 ☐ YES 2 ☑ NO	
DID TOBACCO US	E CONTRIBUTE TO	CAUSE OF	DEATH Y	ES I NO)X(Δ	
25. WAS CASE REFERRED TO MEDICA	L			ACE OF DEATH (Ch	eck only one)				
DID TOBACCO US 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1	HOSPITAL:		THER:	e 5 Residence	6 Other (Specify)				
27. MANNER OF DEATH	28e. DATE OF INJUR			PURY AT \\	28d. DESCRIBE HOY	/ INJURY OC	CURED		
	(Month, Ray, Year	INJUE	W. W.	YES 2 NO	1	IA	-		
Accident Investigati		RY — At home, term, stre	13	7	201 - 2017 - 21	7 '			
3 Suicide 6 Could not	be building, stc. (Sc	pecify)	1 Control office	f	26f. LOCATION (Stree City or Town, Sta	e) (e)	r or Murai i	Houte Number,	
			10 ,						
290. CERTIFIER 1 CERTIFYING PI	HYSICIAN: To the best of my kno	owledge, death occurred	st the time, date	end place, end due	to the ceuse(e) end m	enner as sta	ited.		
	MINER: On the basic of examinat	ion end/or investigation,	In my opinion, o	lesth occured at the	time, date end place,	and due to ti	he ceuse(d	e) end menner ee stated.	
29b. SIGNATURE AND TITLE OF CERT	FIER			29c. LICENSE NU	ABED	204 DAT	re elohen	A (Manth Clay Man)	
290. SIGNATURE AND THE OF CO.				DA 4	7501	290. DAI	2 SIGNED	(Month, Day, Year)	
30 NAME AND ADDRESS OF SPECIAL	WHO COMPLETED CALLED TO	DEATH (ITEM OF T	(-e)	した	326		114	177	
30. NAME AND ADDRESS OF TENSION	11 20 7	JEATH (IJEM 27) (Type, P	rint)	10 :=				(1)	
	uth Msac	005.	(g-	0 19		nta	O FAG	m Village 1	
31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIG	SNATURE D		_	G	aithe	74 6		
SEP 1 2 19	94 Julia David	John Marines				,	7-1-	۵	
								DHMH-16 Rev 1/8	



1	-	STATE REGISTR	Α
i	1. D	ECEDENT'S	N

1 - STATE REGISTRAR		(:)-			1 11- 1	DEATH			NO		
1. DECEDENT'S NAME (First, Middle, Last)				OAIL	01 1	ZEATTI	2. DATE	REG.			3. TIME OF DEATN
Lo Shan Lee							MONT	H	, 1994	YEAR	
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.		OF BIRTH			12:40 a. M
212-92-4258	1 👿 M 2 🗌 F	93			_	HOURS MIN.	(Mon	h, Day, Year)	Countr	γ)
9e. FACILITY NAME (If not institution, give s		73		9h CITY T	OWN OR	LOCATION OF	Sep	20	, 1900	NTY OF D	
A CONTRACTOR OF THE STATE OF TH							ZZAN				
Holy Cross Hospit	Lai			2110	er	Spring			MC	ontgo	omery
10e. STATE 10b. COUNT	Υ		10c. CITY,	TOWN OR	LOCATIO	N				7	10d. INSIDE CITY
Maryland Montg	gomery		Gai	thers	burg	2				5	LIMITS?
10e. STREET AND NUMBER				-	-	IP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
101 Odenhal Avenu	ie #504				1 2	20877			T	J.S.A	1871
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARM		13. WA	S DECEN	DENT OF NISP	ANIC ORIGI	N? (Specify		-	E — American Indian,
1 Never Merried 2 K Merried	FORCES? 1 IF YES, GIVE W	YES 2 NO	0			Ify Cuben, Mexi-		Rican, etc.		Speci	
3 Wildowed 4 Divorced					,	A				9000	Asian
15. DECEDENT'S EDU (Specify only highest grade		16a. DEC	CEDENT'S L	USUAL OCC	UPATION	of working	168	. KIND OF	BUSINESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+	Ma i	Do NOT use	retired.)	my most	or working					
	4	Civ	il E	ngine	er		1	Engin	eering	g Fir	m
17. FATNER'S NAME (First, Middle, Last)					9	18. MOTNER'S N	IAME (First,	Middle, Mai	den Sumame)		
Wen Nong Lee						Lin Ch	ıu				
19e, INFORMANT'S NAME (Type/Print)		19b.	. MAILING	ADDRESS (S	Street and	Number or Run	l Route Nurr	ber, City or	Town, State, Zi	p Code)	
Yiu Shih Lee		4	Redb	oud Co	ourt	, Poto	mac,	MD 2	0854		
200. METHOD OF DISPOSITION	- North Control	20b. PLACE A			ON (Name	eof	OAT	E 20c.	LOCATION -	City or To	wn, State
1 X Burlel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State	Gate (of He	eaven	Cem	etery 9	/15/	94 Si	lver S	Sprin	ig, MD
21. SIONATURE OF FUNERAL SERVICE LI	TENSEE)	1,000				ADDRESS OF I					
· × 7 T	20			10	East	Deer	Park		re		
1	0-			Cai							
						rsburg,					
23. PART I. Enter the disesses, or a shock, or fleart fellure.	complications that List only one ceu	t caused the das	ath. Do no							rest,	Approximate
shock, or heart fellure. IMMEDIATE CAUSE (Final	complications that List only one ceu	t caused the das se on each line.	ath. Do no							rest,	Approximate interval Between Onset and Death
shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition	complications that List only one ceu	se on each line.								rest,	interval Between
shock; or heart fellure. IMMEDIATE CAUSE (Final	List only one ceu	se on each line.		ot enter th						rest,	interval Between
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

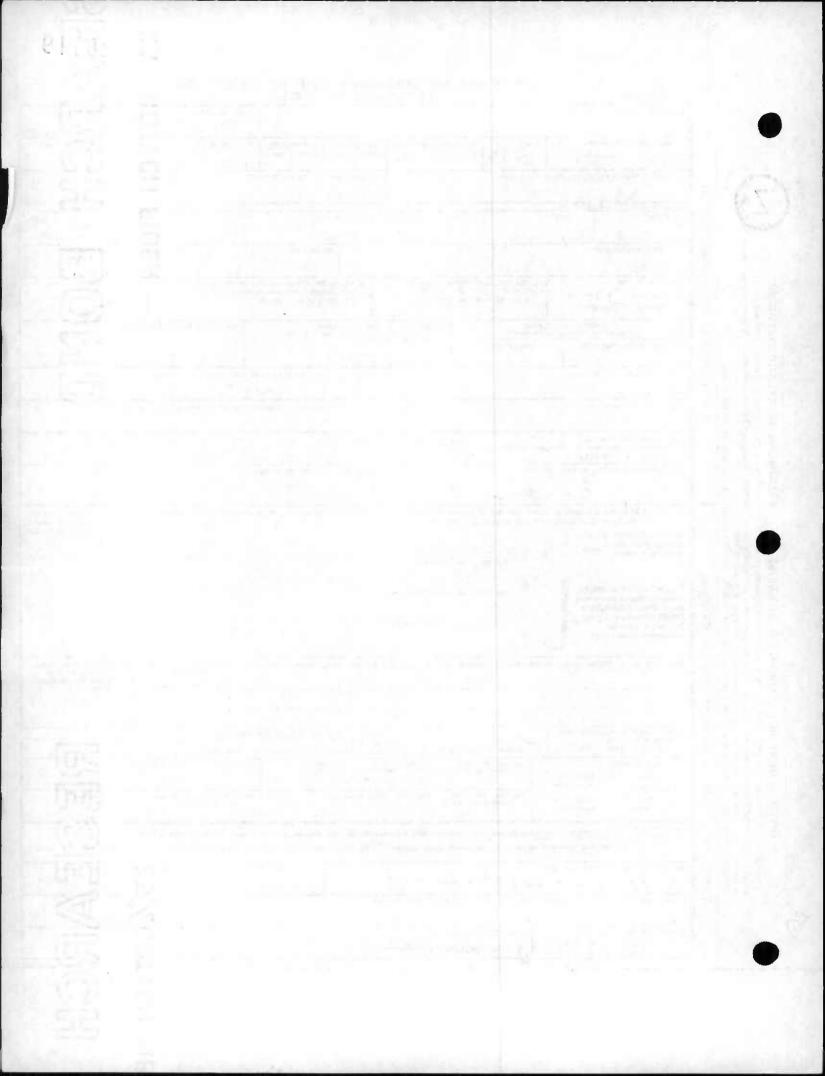
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
SEP 1 3 1994

32. BEGISTRAR'S SIGNATURE Julia Davidson-Randell

DHMH-16 Rev 1/89



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permodel within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR				STATE	OF MAR	IN AND	1	DEPA	ı
11011	11.	PER	THEORIGAN	ETEM	0-/10	12/0/	9	4 L.	Ţ

IRENE	it, Middle, Last) E Lel	NARD	- 11				2. DATE MONT SEP	OF DEATH	994	YEAR	7:25 a	
4. SOCIAL SECURITY NUM 578.46.01		5. SEX 1 M 2 X F	6. AGE (In yrs. last b	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH th, Day, Year) . 12, 190		Country)	LACE (State or Foreign	
	OOD RE		CENTER		9b. CITY, TOWN OR LOCATION OF DEA						NTY OF DEATH TGOMERY	
RESIDENCE OF DE	10b. COUNT			10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY		
MARYLAND MONTGOMERY 10e. STREET AND NUMBER					THESDA					1 X YES 2 NO		
5150 RIDGEFIELD ROAD					10	20816					U.S.A.	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Div		FORCES? 1	IT EVER IN U.S. ARME YES 2 NO WAR OR DATES	ED	If yes, s	CENDENT OF HISPA pecify Cuben, Mexico S 2 X NO Specifi	an, Puerto			14. RACE - Black,	American Indian, White, atc. : WHITE	
	CEDENT'S EDU nly highest grad (0-12)		(Given	kind of	USUAL OCCUPATION OF COMPANY OF CO	net of working	164	HEALTH				
17. FATHER'S NAME (First, A MIKLOS RI	TTERS	ON				MALVIN	WOHI					
PETER D.					KYLEAKI	and Number or Rural		EAN VA				
20a METHOD OF DISPOSIT	TION	nound from State	20b. PLACE AN	DDATE	OF DISPOSITION (A	ame of	DAT		ATION - C		n, State	
4 Donation 5 Othe	r (Specify)		_ NATIO	NAL	MEM. PA		9/1		LS CH			
21. SIGNATURE OF FUNERAL	h M	Box) ,			NI SCONSII						
IMMEDIATE CAUSE (FI	inal											
disease or condition resulting in death) Sequentially list condition any, leading to immediate. Enter UNDERLY CAUSE (Disease or injusting in death) LAS	itiona, ediate //ING	b. CONGE DUE TO	AC ARREST (OR AS A CONSEOUR (OR AS A CONSEOUR (OR AS A CONSEOUR	RT ENCE O	FAILURE							
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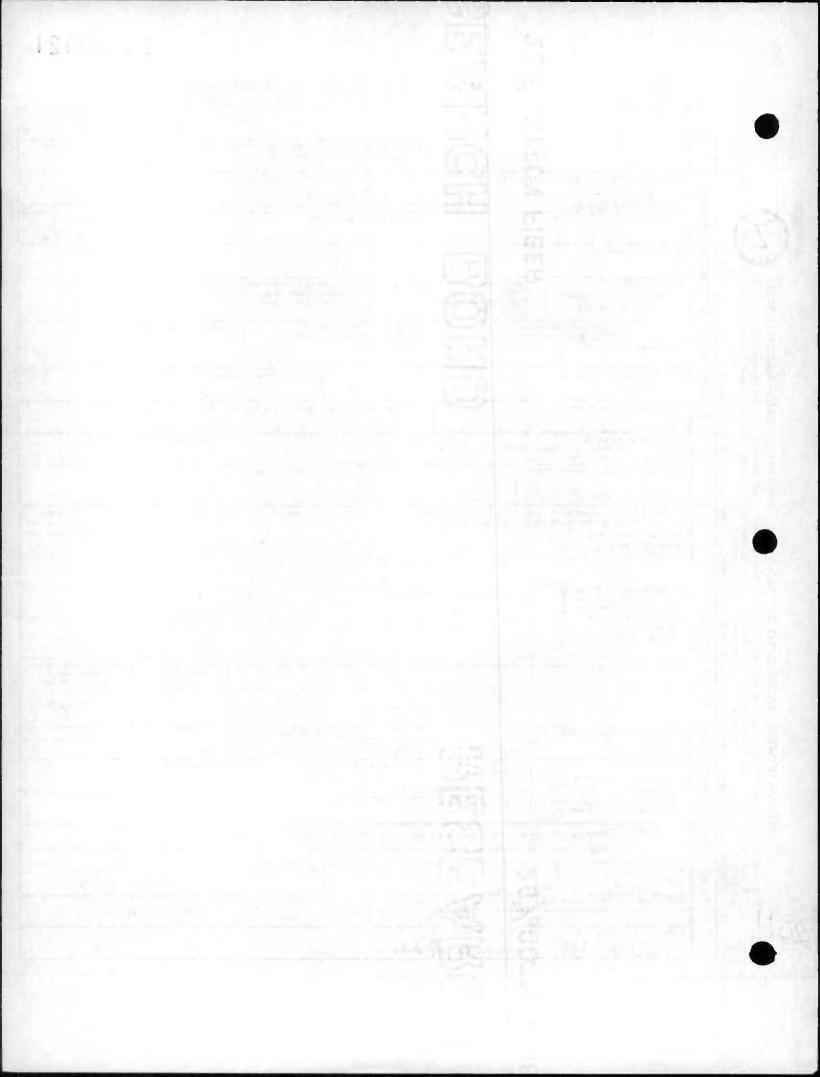
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	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the results of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burital-transfer and an accompletely filled in by the funeral director, page 5 should be detached for use as the burital-transfer and accompletely filled in by the funeral director, page 7.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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BALTIMORE, MARYLAND 21215-0020

FOR 1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIEN				
1. DECEDENT'S NAME (First, Middle, L	RARD JULIUS L	ONG			2. DATE OF DEATH MONTH SEP 10		3. TIME OF DEATH P		
4. SOCIAL SECURITY NUMBER 105-24-5187	1 🔀 M 2 🗆 F	E (In yrs. lest birthday) 87 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 2, 190)7 N	BIRTHPLACE (State or Foreign Country) Iew Jersey		
9a. FACILITY NAME (If not institution, g National Naval	Medical Cent	er	Bethes	da	eation of death sc. county of death Montgomery				
			y, town on Local			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
100. STREET AND NUMBER 1815 Myrtle Road	d		10	20902		,	S.A.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR 1941-196	S 2 NO	It yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) ly:		. RACE — American Indian, Black, Whita, atc. Specify: Thite		
15. DECEDENT'S (Specify only highest of	EDUCATION grade completed)	16a. DECEDENT'S	USUAL OCCUPATION Work done during mo		16b. KIND OF BU				
Elementary/Secondary (0-12)	College (1-4 or 5+) 5+		y Invest		Federal		nment		
17. FATHER'S NAME (First, Middle, Last Peter	Luongo			16. MOTHER'S NA	AME (First, Middle, Malden		elmina		
19a. INFORMANT'S NAME (Type/Print)	<u> </u>			nd Number or Rural	Route Number, City or Tow	n, State, Zip Co	de)		
Mary Ann Long		1815			ver Spring				
1 X Burial 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from State		vor Town, State Virginia						
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	Arlington	Franc	is J. Co	ollins Fune	ral Ho			
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) ASPIRATION PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significent cond	ditlons contributing to death	but not resulting	in the underlyin	g cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			ACE OF DEATH (C	heck only one)				
1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 inpetient 2 ER/O 26a. DATE OF INJUR (Month, Day, Year	Y 26b. TIN	IE OF 28c. IN.	URY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	RED		
2 Accident Investigat 3 Suicide 6 Could not 4 Homicide determine	26a. PLACE OF INJU	RY — At home, tarm, pecify)	street, factory, offic		261. LOCATION (Street City or Town, State	Rural Route Number,			
anni	HYSICIAN: To the best of my kn						ause(s) and manner as stated.		
29b. SIGNATURE AND TITLE-OF CERT	Carl no			29c. LICENSE NU		IGNED (House Day Year)			
30. NAME AND ADDRESS OF PERSON BROOKS	D. CASH, LT,), Print)	NATIO BETHE	NAL NAVAL SDA MD 208	MEDICA 89-560	CENTER 0		
SEP 1 5 199	32. REGISTRAR'S SI								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,



TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF REALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		OINIE OF I	C	ERTIF			DEATH	D MIE	REG.			
1. DECEDENT'S NAME (First, A		,						2.	DATE OF DEATH	H DAY	VEAR	3. TIME OF DEATH
	ına - Mar	ie	L	.aSall	e			S	eptembe	vr 12,	1994	12:10P M
4. SOCIAL SECURITY NUMBE		SEX	6. AGE (In yrs. In		IF UNDE	DAYS	IF UNDER 24 HRS		DATE OF BIRTH (Month, Day, Yea	r) .	Country	
310-36-4383		☐ M 2 [X] F	90	YRS.					FEB. 5			ANADA
9e. FACILITY NAME (If not inst		,			9b. CIT	r, town	OR LOCATION OF				NTY OF DI	
DOCTORS H							LANHAM	1		PR	INCE	GEORGES
	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	ATION					10d. INSIDE CITY
MD.	PRINC	E GEORG	ES		CO	LLE	E PARK					LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER							01. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
6200 WE	STCHEST	ER PARE	DR.			_	2074	-0			U.S	S.A.
11. MARITAL STATUS		. WAS DECEDEN	T EVER IN U.S. A		13.	WAS DE	CENCENT OF HISI pecify Cuben, Mex	PANIC (RIGIN? (Specit)	Yee or No-		- American Indien, White, etc.
1 Never Married 2 N M 3 Widowed 4 Divorce		IF YES, GIVE W		, NO			S 2 NO Spe		ueno Rican, etc.	,	Specif	y:
	DENT'S EDUCATI											WHITE
(Specify only I	highest grade con	npleted)	5	ECEDENT'S Give kind of a b. Do NOT us	vork done	during m	ION lost of working		16b. KIND OF	BUSINESS/INI	DUSTRY	
Elementary/Secondary (0-1	(2)	college (1-4 or 5 +	-)	HOUS	The state of				1	AT	HOME	,
17. FATHER'S NAME (First, Mid	dle. Last)	4		11000			18 MOTHER'S	MAME	First, Middle, Ma		HOM	,
JOACHIM	TA	LBOT					Tot morriging		NA-MAR		TR S	T. LAURENT
19e. INFORMANT'S NAME (Typ			1	9b. MAILING	ADDRES	\$ (Street	end Number or Rui					I. DAOTENI
DR. BERN	ARD La	Salle		SAM			TEM #1				,	
200. METHOD OF DISPOSITIO			20b. PLACE	ANDDATE	OF DISPO	SITION (A	lame of		OATE 20c	. LOCATION —	City or Tox	vn, State
1 ☐ Buriel 2 📈 Cremetion 4 ☐ Donation 5 ☐ Other (S		from State	CHAI	WEERS'	CRE	MATO	DRY	9/	13	RIVER	DALE.	MD.
21. SIGNATURE OF FUNERAL	SERVICE LICEN	HE O	-		22.	NAME /	AND ADDRESS OF	FACILI	ГҮ			
1000	Chi	um/s	IDA NO	00091	7.7	7.7	CUIT A MIDITA	ממו	ao n'	ר בוכוניות	T T 1	D 00505
23. PART I. Enter the dis-	eeses, or com	plicetions the			not ente	the m	CHAMBE	TAO	cordiac or n	LVERDA	ال و تاليا	D. 20737
ehock, or hee	ert failure. List	only one ceu	se on each iir	10.			out of aying, o		TOTAL OF T	aupitatory at	iost,	Interval Between
iMMEDIATE CAUSE (Fina disease or condition		CAI	MON	1/10	00	0 F.I	1012	Λ	0069	T		Onset and Death
resulting in deeth)	8	OUE TO	(OR AS A CONSI	EQUENCE O	- V F):	UN	ARY	7	1 CICAL	<i></i>	_	MINITER
		MAG	2016	2 4	On	46	1011	74	LEP.	T HEM !	PANES	15 4 Baux
Sequentielly list condition if any, leading to immediate		DUE TO	OR AS A CONST	OUENCE O	7:	1						0
cause. Enter UNDERLYIN CAUSE (Disease or Injury	IG	コナレ	mars.	ten	non	14	-A-6+4	512	SCAC	50ti	-	Years
thet initieted events		DUE TO	OH AS A CONSI	EOUENCE OF	F): (20	- LB601	INS	enles	Disc	Ell	
resulting in death) LAST	d											
PART II. Other eignificen	t conditions c	ontributing to	death but not	resulting	in the U	nderivi	ng ceuse given	In Per	t i. 24a, WAS	AN AUTOPSY	24h.	WERE AUTOPSY FINGINGS
	inor	-	flett	136	125	+			PER	FORMED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE
2 CANDIA			N (2)	PEL	VA C	T	DOME		. 1 🗆 YE	S 2 NO		DF DEATH?
DID TOBACCO	USE CO	NTRIBUTE	TO CAU	SE OF	DEA.	TH Y	YES I N	О Г	<u>.</u>			1 YES 2 NO
25. WAS CASE REFERRED TO							LACE OF DEATH		only one)			
EXAMINER?	H	OSPITAL:	ER/Outpatient	3 DOA	OTHE 4 Nu	R:	ms 5 - Residence					
27. MANNER OF DEATH		28e. OATE OF	INJURY	28b. T/M	E OF	28c. IN	JURY AT		d. OESCRIBE HO	OW INJURY OC	CURED	
1 Netural 5 P	ending vestigation	(Month, D	ay, Year)	INJ	URY	_	ORK? YES 2 NO					
2 Pulatida	ould not be	28e. PLACE O	F INJURY — A1 h atc. (Specify)	ome, 1erm,	street, 1ec	tory, offi	ce	28	I. LOCATION (Str		r or Rural A	oute Number,
	etermined	bulloning,	анс. (эрөспу)						City or Town, S	tete)		
294. CERTIFIER 1 CERTIF	YING PHYSICIAL	N: To the best of	my knowledge, o	leath occurr	nd at the	time det	e end place, end o	thun to t	ha causa(a) and	mannar as etc	to d	
												end menner es stated.
29b. SIGNATURE AND TITLE O							29c. LICENSE N					
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30. NAME AND ADDRESS OF I	PERSON WHO C	MPLETED CAUS	SE OF OEATH (IT	EM 27) (Type	ND.	> 1	10UNT	-He	DEI	SLAN	AV	20712
31. DATE FILEO (Month, Day, Ye		1 9 0	R'S SIGNATURE									
SEP 1	4 1994	gunar	Davidson-V	jandale	-							

Lina Davidson Pandale

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit period within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely hired in by the fur he fine within 72 hours after death with the State Deot, of Health and Mental Photiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Lest) AURINE				2. DATE OF DEATH DO Sent 21	AY YE	3. TIME OF DEATH 0620 AM M
		5. SEX 6. AGE (In yrs. last	YRS. MONTHS	R 1 YEAR	7. DATE OF BIRTH (Month, Day, Year) Sept. 25,		Maryland
TOR	26 Washington			incess Anne	EAIR		nerset
DIREC	100. STATE 10b. COUNTY Maryland Some	erset	10c. CITY, TOWN	or Location Cess Anne			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 26 Washing	ton Street		101. ZIP CODE 21853			OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 ☐ YES 2 🖼 IF YES, GIVE WAR OR DATES		WAS DECENDENT OF HISPA If yes, specify Cyban, Maxic 1 ☐ YES 2 NO Speci	en, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elamentary/Secondery (0-12)	College (1-4 or 5+) (Gi	Do NOT use retired.)	during most of working	16b. KIND OF BU		RY
BE COMF	12 17. FATHER'S NAME (First, Middle, Lest) Dwight Frederick		altor/Ow	18. MOTHER'S N	<u>IReal Es</u> ME (First, Middle, Meiden Hayward Bo	Surname)	
TO B	19m. INFORMANT'S NAME (Type/Print) Mary Morsell Mil			s (Street and Number or Rural en Road, Rex			ie)
	20e. METHOD OF DISPOSITION 1	ral from State Salis	sburv Cr	ama of cometery, crematory or ematory	Sal	isbury	
	21. SIGNATURE OF FUNERAL BERVICE LICE	in and		NAME AND ADDRESS OF F. Hinman Funer 11673 Somers	al Home	. Anne	. Md. 21853
	23. PART I. Enter the diseases, or co shock, or heart failure. Li INMEDIATE CAUSE (Final	mplications that caused the da at only one cause on each lins	ath Do not ante	r the mode of dying, au-	ch aa cardiac or reap	iratory arrest	Approximata interval Between Onset and Death
	disease or condition resulting in death) a.	DUE TO (OR AS A CONSEC					MINS
TION	Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS A CONSEC	1 4 11 - 11	Foulme			MTHS
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):				YKS
MEDICAL CE	PART II. Other algolificant conditions	contributing to death but not r	esulting in tha u	nderlying cause given in	Pert i. 24a. WAS AN PERFOI 1 YES	RMED?	24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		HOSPITAL:	OTHE	28. PLACE OF DEATH (C	heck only one)		
	27. MANNER OF DEATH 1 Natural 5 Pending	1	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	a Other (Specify) 2ad. DESCRIBE HOW	INJURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide a Could not be 4 Homicide determined	28a. PLACE OF INJURY — At ho building, atc. (Specify)	me, farm, atreet, fac	ctory, office	281. LOCATION (Street City or Town, State		Burel Route Number,
COMPLETED	one)	AN: To the best of my knowledge, de					suse(a) and manner on stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER.	4 - LAND		29c. LICENSE NO.		29d. DATE SI	GNED/(Month, Day, Year)

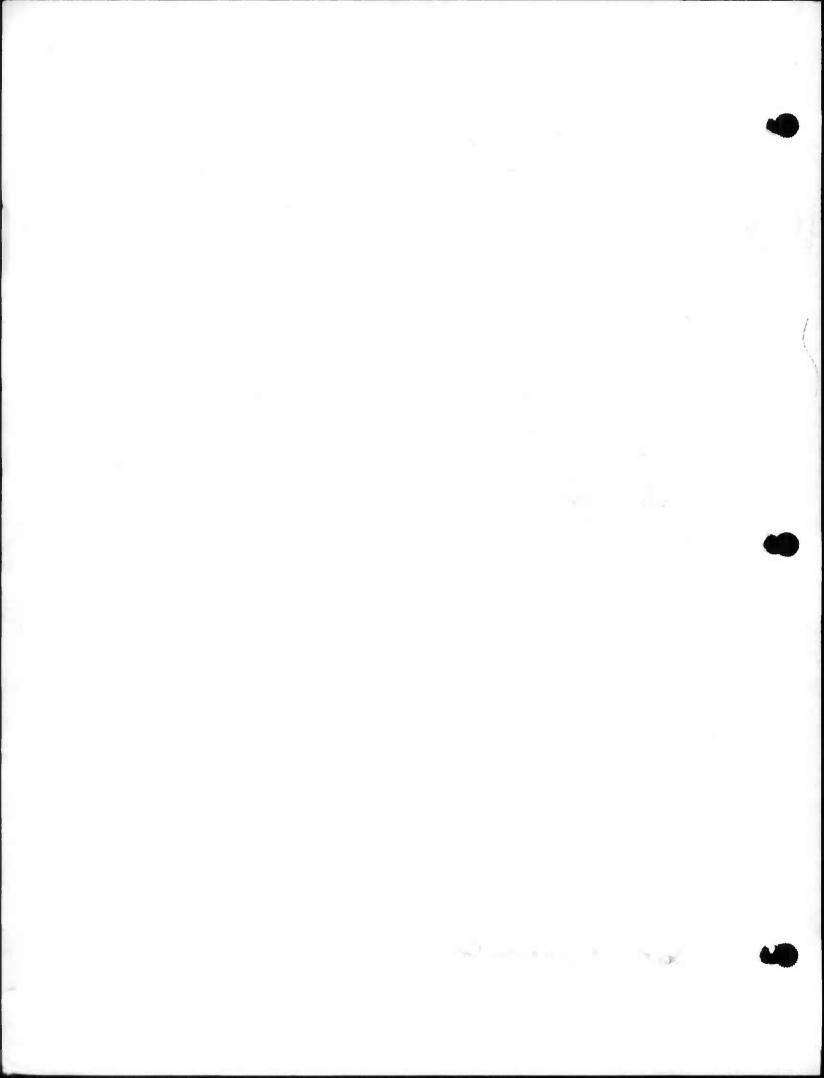
Salisbury,

21801

403 Quincy St 32. REGISTRAR'S SIGNATURE

Donald M. Wood M.D
31. DATE FILED (Month, Day, Year)

SEP2 2 1994



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	ours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per befield within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	I in by the funeral director, page 5 should be detached for use as the burial-transit page or removal.

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DIRECTOR	10e. STATE	10b. COU	NTY		10c.	CITY, TOWN	OR LOCATION	ON					10d. INSIDE C	ITY
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BE		NAME (Type/Print)			19b. MAII	LING AOORE	SS (Street an	d Number or Rura		Ger, City or Tow	m, State 74		mes	_
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

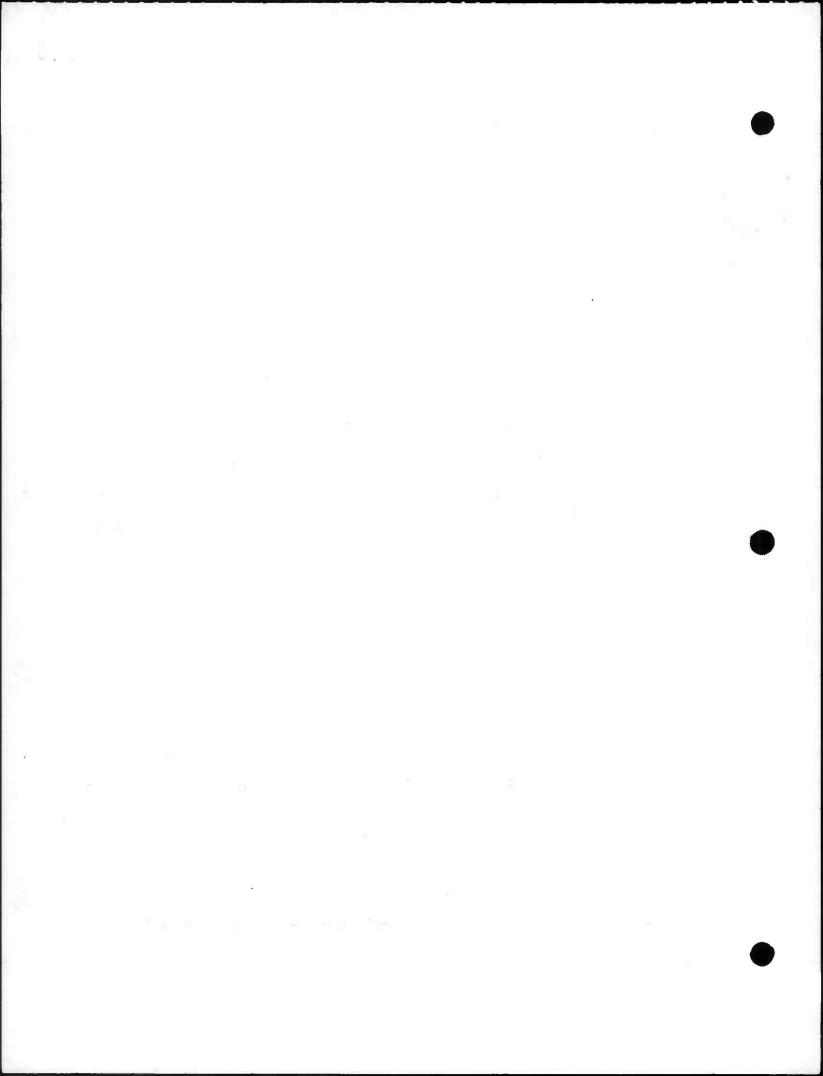
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	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transif	1 7	MANT If from 28 is marked as from 22 shaws any intern as other transmission and the medical angular mention at another
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		FOR	CTATE OF MADVI	AND / DEDA	THENT OF	UEALTH AND 1		J ~8	
		1 - STATE REGISTRAR	STATE OF MARYL	CERTIF	ICATE OF	DEATH	REG. NO.		
	- 1	1. DECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF DEATH	AV)	3. TIME OF DEATH
		ELAINE	ELIZAB				PTEMBER	12. 1	1994 6:00 PM
· Breeze		4. SOCIAL SECURITY NUMBER 218-38-1989	1 🗆 M 2 💢 F	in yrs. lest birthdey) 52 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Sept 17,19	941	BIRTHPLACE (State or Foreign Country) Maryland
7	~	9e. FACILITY NAME (If not institution, give si	reet end number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
73	Ē	MARVIAND ROUT RESIDENCE OF DECEDENT	E #4		CALI	FORNIA		ST	MARY'S
5	DIRECTOR	100. STATE 100. COUNTY Maryland Sai	nt Mary's	10c. CIT	Y, TOWN OR LOCA Califo				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ansignermil	FUNERAL	1327 Ash Court			10	11. ZIP CODE 20619		100	S.A.
ng physician. The bunal-transite	BY FUR	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 📉 NO	If yes, sp	CENDENT OF HISPAN pecify Cuban, Mexicar 3 2 1 NO Specify		or No.— 14	Black, White, etc. Specify: White
al or attending for use as the	ED	15. DECEDENT'S EDUC			USUAL OCCUPATI		16b. KIND OF BUS	SINESS/INDUS	
al or a for us		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u		-			
hospit.	COMPL	12		Personn	e1/Admii	nistratio			rporation
Yours after death. Page 6 may be retained by the hospital or attending of in by the funeral director, page 5 should be detached for use as the or removal. medical examiner must be notified at once.	BE CO	17. FATHER'S NAME (First, Middle, Last) John Fran	klin MIL			Hattie			ZIMMERMAN
5 should	70	190. INFORMANT'S NAME (Type/Print) Mr. Charles Kenn	oth Millor I				oute Number, City or Town		
page t pe		20e. METHOD OF DISPOSITION	20b	PLACE AND DATE	OF DISPOSITION (N	eme of			y or Town, State
rector, p		1 XBuriet 2 Cremetion 3 Remo	cem M	ount 01i	vet Ceme	etery 9			ck, Maryland
death. Page 6 m e funeral director, II. examiner must		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /		Keene	ND ADDRESS OF FACTOR	rd P.A. Fu	uneral	Home
n by the f removal.	-	23. PART I. Enter the diseases, or c	Kokesm						rick, MD 21701
		anock, or neart railure.	List only one cause on e	sch iine.	iot antar tha mo	oda of dying, auch	aa cardiac or reapi	ratory arrest	intarvai Batween
within mile operation, or cemation, or rent, the m		iMMEDIATE CAUSE (Final disease or condition reaulting in death)	Mit	1. 1.	1 - A 1 -				Onast and Daath
completely ial, cremati, event, tl		reading in death)	DUE TO (OR AS A	CONSEQUENCE O	gunia				
and and matic	NO	Sequantially list conditions,	DUE TO (OR AS A	CONSEQUENCE O	FI:				
	RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING		00.102002.1020	. ,.				
death certificate be attending physiciar ental Hygiene prior iry, or other trau	IFI	CAUSE (Disease or injury that initiated evants resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):				
death certif e attending lental Hygier ury, or oth	CER	resulting in death) CAST	ı						
		PART ii. Other significant conditions	contributing to death b	ut not rasulting	in the underlyin	g cause givan in i	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
s that med by alth an	MEDICAL						1 YES 2		COMPLETION OF CAUSE OF DEATH?
requires een sign of Heat		DID TODA COO LIGHT CON THE					^\		1 YES 2 NO
has by Dept.	AN	DID TOBACCO USE CONTR		F DEATH YE		UNCERTAIN			.,/
NN: The ficate the State	SICI	EXAMINER?	HOSPITAL:		OTHER:	ne 5 🗆 Reeldence 8	NE Other (Comb)		***
YSICIA s certif ith the od, or	PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Mpnth, Day, Year)	28b. TIM	E OF 28c. tN.	JURY AT DRK?	28d. DESCRIBE HOW II	ROADV	
NG PHYS fter this cath with marked	BY	1 Natural 5 Pending Investigation	9/12/94	1636	M		Subject in	motor	vehicle acceden
TTENDII TOR: Ai after de	8	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, term,	ntreet, fectory, offic		201, LOCATION (Street a	Ind Number or	Rural Route Number,
OR AT DIRECT hours a	MPLET	29e. CERTIFIER			Jay		Konlet, Cal	FORM	Maryland
14 22 2 =	МР	(Check only	CIAN: To the best of my knowl R: On the beele of examination						ouse(e) and menner of stated;
TO THE HOSPI TO THE FUNEF De filed within	00	290 SIGNATURE AND TITLE OF CERTIFIER	11 -			29c. LICENSE NUM			IGNED (Month, Day, Year)
MPO THE	O BE	Theodore M	King,	us).		O.C.M			BER 13, 1994
	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	TH /ITEM AT /Ema	Outres				

32. REGISTRAN'S SIGNATURE

SEP 1.6 1994

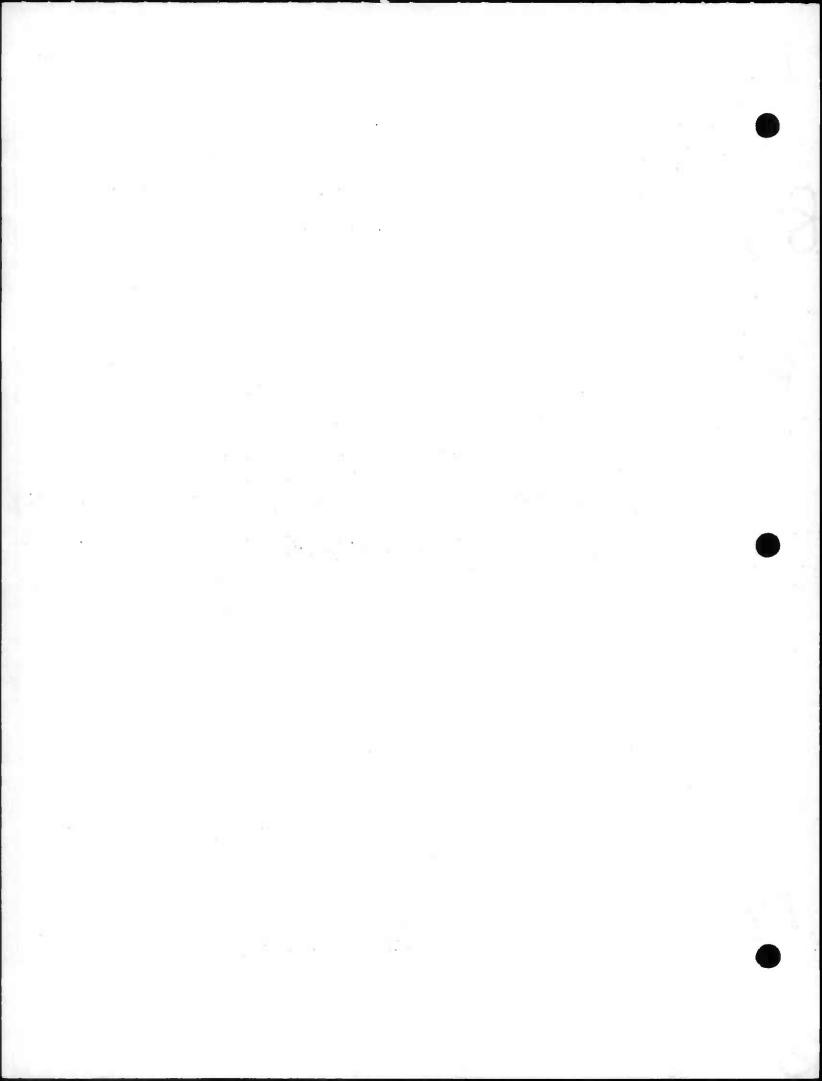
Penn Street, Baltimore, Maryland 21201



1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

	REGISTRAR		CERTIF	ICATE (OF DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Mary	Lenora	M	INNIC	:K	September	12 19	5:06pm M
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YE		7 DATE OF BIRTH	T e	BIRTHPLACE (State or Foreign
	214-10-4045	1 M 2 X F	93 YRS.		HOURS MIN.	June 21,1	901	Country) Maryland
	9a. FACILITY NAME (If not institution, give str	reet end number)		9b. CITY, TO	WN OR LOCATION OF I		9c. COUNTY	OF DEATH
TOR	Montevue Cour	nty Home		Fı	ederick		Fre	derick
입	10e. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR L	OCATION			10d, INSIDE CITY
DIR		derick		rederi				LIMITS?
FUNERAL DIRECTOR	100. STREET AND NUMBER 355 Montevue Lane				101. ZIP CODE 21.70	2		J.S.A.
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	S 2 XNO	if ye	DECENDENT OF HISPA B, specify Cuben, Mexic YES 2 NO Spec		s or No.— 14.	RACE — American Indian, Black, White, etc. Specify: White
	15. OECEDENT'S EDUC		16e. DECEDENT'S	USUAL OCCU	PATION	16b. KIND OF BU	ISINESS/INDUS	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT us	se retired.)	g most of working			
MPC	17. FATHER'S NAME (First, Middle, Last)		Home	maker	18 MOTHER'S N	AME (First, Middle, Maide		n Home
BE C	John Lewis	O'HARA			Eliza		len	MURPHY
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	reet and Number or Rura	I Route Number, City or To	vn, State, Zip Co	de)
임	Clayton O. Minnick	ζ	8103	Over1c	ok Court,	Frederick	, Maryl	and 21702
	20e. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Remo 4 Donellon 5 Other (Specify)	val from State	POB. PLACE AND DATE (remetery, cremetory or o NOUNT OLIV	of disposition ther place.	N(Name of			or Town, State k, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAN	E AND ADDRESS OF F	ACILITY		
	Kett home	hem	M00706			ord P.A. F		rick, MD 21701
CERTIFICATION	23. PART I. Enter the diseases, or cashock, or heart failura. I. IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (DR A	a ach lina. A CONSEQUENCE OF	Inter	y dise			Approximate Interval Batween Onset and Death Separate Market Mar
		•						
: MEDICAL	PART II. Other algorificant conditions	o - O - Reg	but not resulting	lecipo	Notes	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ATO
M	25. WAS CASE REFERRED TO MEDICAL				R PLACE OF DEATH (C	theck only one)		L
ξ 2	EXAMINER?	HOSPITAL:		OTHER:				
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Yea.	Y 28b. TIM	E OF 280	Home 5 Residence INJURY AT WORK?	8 U Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
ED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, :		YES 2 NO	281. LOCATION (Street City or Town, Stete	end Number or	Rural Route Number,
COMPLETED		CIAN: To the best of my kn						euse(e) end menner es stated.
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIEN	TDa	nes		29c. LICENSE NU DO1902			GNED (Month, Day, Year) t. 13, 1994
	30. NAME AND ADDRESS OF PERSON WHO				e, Frederi	ck, Maryla	nd 217	01
	31. DATE FILED (Month, Day, Year)	32. RESISTRAR'S SI	GNATURE	1:	-			
	SEP 1 6 1994	Julia da	GNATURE RANGE	N				



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OTHE OF MIXE			CATE OF			REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					-	T	2. DATE OF DEATH		2007	3. TIME OF DEATH
	Marv	Pauline	мт	LL	ER			September	16	1994	12:05a M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest bi		IF UNDER 1 YEAR	IF UNDER 2	4 HRS.	7. DATE OF BIRTH	10,		IPLACE (State or Foreign
	220-30-8860	1 🗆 M 2 🗹 F	84	YAS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) Mar 19,19	10	Countr	vland
	9e. FACILITY NAME (If not institution, give s	treet and number)	04		9b. CITY, TOWN (IR LOCATIO			V	INTY OF D	4
TOR	Frederick Health		er			deric				rede	
ñ.	10e. STATE 10b. COUNTY	r	3	l0c. CIT	Y, TOWN OR LOCAT	ION				1	10d, INSIDE CITY
8	Maryland Free	derick			Fred	erick					LIMITS? 1 YES 2 X NO
4	10e. STREET AND NUMBER	acra cit				ZIP CODE			10g. CI	TIZEN OF V	WHAT COUNTRY?
ZE Z	7056 Basswood Roa							1701		U	.S.A.
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR	YES 2 NO	D	I1 yes, sp			C ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No—	Black	E — American Indian, k, White, etc. White
	15. DECEDENT'S EDU- (Specify only highest grade		16a, DECE	DENT'S	USUAL OCCUPATION	ON		16b, KIND OF BUS	SINESS/IN	IDUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT us	e retired.)	st or wonang					
릴		3	Nur	se				Hea	1th	Care	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHE	ER'S NAM	E (First, Middle, Maiden	Surname)		
	John Keller	MILLER				Mar	v	Ellen	R	REID	
BE	19e. INFORMANT'S NAME (Type/Print)		19b. N	IAJLING	ADDRESS (Street e			oute Number, City or Tow.			
2	Cleopatra Campbe	11	120	O W	est Chur	ch St	reet	, Frederi	ck,	Mary	land 21701
	20e. METHOD OF DISPOSITION		20b. PLACE AND	DATE	OF DISPOSITION (Na	me of				- City or To	
	1 ☆ Burlel 2 ☐ Cremetton 3 ☐ Rem- 4 ☐ Donation 5 ☐ Other (Specify)	over from State	Mount	Oli	vet Ceme	terv	9/	/19/94 Fr	eder	ick.	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	200 00220		22. NAME A	D ADDRESS	S OF FAC	ILITY			
	11	Lhan	1					rd P.A. F			
	23. PART . Enter the diseases, or o	NOTTENN	MOO	/06	1106 Ea	st C	nurc	h St. Free	deri	ck. M	
	shock, or hast failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	on aach lina.					Jar dis			Approximate Interval Between Onset and Death
CERTIFICATION	Sequantially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b DUE TO (OR	AS A CONSEQUE AS A CONSEQUE	ENCE OF	F):						
- 1	DADT II Other significant condition			144							
PHYSICIAN: MEDICAL	PART II. Other significant condition Diabetes	995+11C	1		STO		van In P	24s. WAS AN PERFOR	MED?	24b.	. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
X	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF DE	ATH (Chec	ck only one)			
SIC	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER	/Outpatient 3 🗆	DOA	OTHEB			Other (Specify)			
Ŧ	27. MANNER OF DEATH	28s. DATE OF INJU	URY 2	8b. TIM	E OF 28c. INJ	URY AT		28d. DESCRIBE HOW I	NJURY OC	CCURED	
	1 Natural 5 Pending	(Month, Day, Y	ear)	INJ		RK?	NO				
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF IN	JURY — At home	ferm, s	street, fectory, offic		-	281. LOCATION (Street	and Numbe	er or Rural F	Soute Number
COMPLETED	4 Homtcide B Could not be	building, etc.	(Specify)					City or Town, State)			
91	29a, CERTIFIER						_				
MP		CIAN: To the beet of my									
8		R: On the besie of exami	nation and/or inve	stigatio	n, in my opinion, d	eath occure	d at the ti	lme, date and place, en	d due to t	the ceuse(e	e) end menner ee stated.
BE	296. SIGNATURE AND JITLE OF CENTIFIE	.//	11.		:000	29c. LICEN	ISE NUME	BER	29d. DA	TE SIGNED	(Month, Day, Year)
10	11/1 40	grown.	Clos	1	(1/1)	D3	35183	3	► S	Sept	16, 1994
۴	30. NAME AND ADDRESS OF PERSON WIL		F DEATH (ITEM 2	7) (Type,	Print)						,
	Ali J. Afrookteh	, M.D., 300	O West	Nin	th Stree	t, Fr	eder	cick, Mary	land	1 217	01
	31. DATE FILED (Month, Day, Year) \$20.19.199	32. REGISTRAR'S									
	133	7.1		VOCAL	1						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

(Z	7	1	
100	-	2	r permit.	
Ser -	BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permitted.	Na
	RYLAND	ed by the hospi	uid be detached	and at once
	ORE, MA	6 may be retain	ctor, page 5 sho	a examiner must be notified at once
	BALTIM	ther death. Page	the funeral dire	al examiner

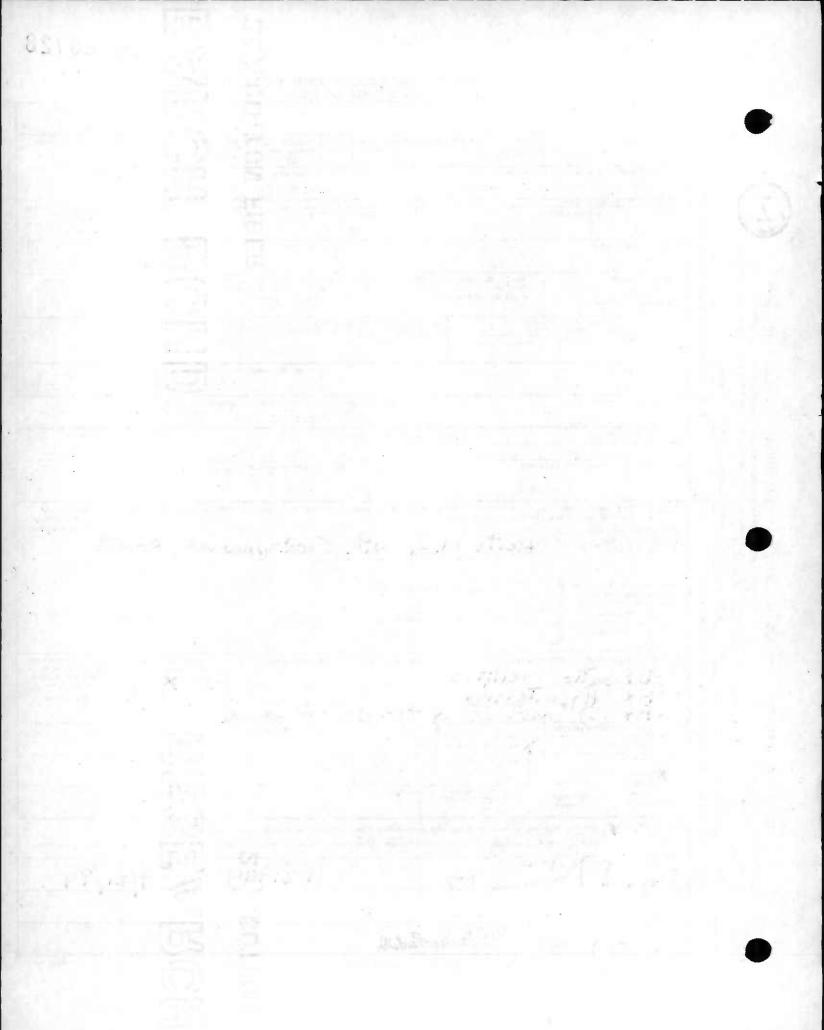
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1. DECEDENT'S NAME (First, Middle, MARY ELLEN	MAIN				2. DATE OF DEATH MONTH Sept. 18,	1994	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214-54-0206	1 🗆 M 2 💢 F	GE (In yrs. lest birthday) 88 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 24,	1906		PLACE (State or Foreign Tryland
9a. FACILITY NAME (If not institution, Frederick Met	morial Hospita	a1		or Location of D	PEATH	9c. COUN	ny of b eder	
10a. STATE 10b. C	ounty rederick		TY, TOWN OR LOCA					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 618 Apple A	venue		10	H. ZIP CODE 21701		0.00		tates
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 YI IF YES, GIVE WAR OF	ES 2 NO	If yes, s	CENDENT OF HISPA pecify Cuban, Mexic S 2 NO Spec	NIC ORIGIN? (Specify) an, Puerto Rican, etc.) ify:	ea or No	14. RACI Blaci Spec	E — American Indian, k, White, etc.
15, DECEDENT'' (Specify only highest Elementary/Secondary (0-12) 1 2		(Give kind of life. Do NOT u	s USUAL OCCUPATE work done during m use retired.)	ON ost of working	166. KIND OF B	USINESS/INDI	USTRY	
17. FATHER'S NAME (First, Middle, Le Leroy M.	Knill			Annie		100		
19a. INFORMANT'S NAME (Type/Print) Joseph D. Bake: 20a. METHOD OF DISPOSITION M Burial 2 Cremation 3 C	r	P.O. 1	Box 31	Frederic	k, Marylar		705	wn, State
4 Donation 5 Other (Specify,		Mount 01			9/22/94 1		,	Maryland
IMMEDIATE CAUSE (Finei	R. Savor	sed the death. Do n each line.	1621	Opossumt	own Pike	Frede	rick	Approximete intervei Betwee
23. PARPI. Enter the diseases shock, or heart fel	a. Acute DUE TO (OR A	sed the death. Do n each line.	22. NAME A 1621 not enter the mo	Opossumt	own Pike	Frede	rick	Approximete intervei Betwee
23. PARP1. Enter the diseases shock, or heart fel immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant con	a. DUE TO (OR A d. DUE TO COR A D. DUE TO COR	as a consequence of as a consequence of the but not resulting	22. NAME A 1621 not anter the motor.	Opossumt	own Pike ch as cardiac or res who have the control of the contro	Prede Prede Prede Autopsy ORMED?	rick	Approximete intervei Betwee Onset and Dei
23. PARFT. Enter the disease shock, or heart fel immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A	S A CONSEQUENCE OF The but not resulting	22. NAME A 1621 not antar the model. DF): DF): OF): Opossumt Opossu	OWN Pike ch as cardiac or res Part I. 24a. WAS PERF 1 YES heck only one) 6 Other (Specify)	Prede An AUTOPSY ORMED? 2 XNO	rick	Approximete intervel Betwe Onset and Det	
23. PART I. Enter the disease shock, or heart felimmediate CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions or conditions or cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions or cause of	DUE TO (OR A b. DUE TO (OR A c. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A) c. DUE TO (OR A) d. DUE TO (OR A) d. DUE TO (OR A) d. DUE TO (OR A) d. DUE TO (OR A) d. DUE TO (OR A) d. DUE TO (OR A) d. DUE TO (OR A) d. DUE TO (OR A) d. DUE TO (OR A) d. DUE TO (OR A) d. DUE TO (OR A)	SA CONSEQUENCE OF SA CONSEQUEN	22. NAME A 1621 not anter the months of the second of the	Opossumt Opossu	Part I. 24a. WAS / PERF 1 YES hock only one) 6 Other (Specify) 28d. DESCRIBE HOW	Prede Pred Prede Prede Prede Pred Pr	rick	Approximate intervel Betwee Onset and Des On
23. PARPT. Enter the diseases shock, or heart fel iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infitieted events resulting in death) LAST PART II. Other significant conditions in the conditions of the c	DUE TO (OR A b. DUE TO (OR A c. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A) d. DUE TO (OR A) c. DUE TO (OR A) d. DUE TO (OR A)	Sed the death. Do n each line. A CONSEQUENCE OF SET OF SE	22. NAME A 1621 not anter the months of the second of the	Opossumt Opossu	OWN Pike ch as cardiac or res Part I. 24a. WAS PERF 1 YES heck only one) 6 Other (Specify)	AN AUTOPSY ORMED? 2 X NO VINJURY OCC St and Number	rick	Approximete intervel Betwee Onset and Dea
23. PART I. Enter the diseases shock, or heart fel immediate cause. Finel diseases or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant con 25. WAS CASE REFERRED to MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investig 2 Accident 3 Suicide 8 Could n detarmic Check only one) 2 MEDICAL EX	DUE TO (OR A b. DUE TO (OR A c. DUE TO (OR A d. DUE TO (OR A AMINER: On the beat of my kr AMINER: On the beat of my kr AMINER: On the beat of examina	Sed the death. Do n each line. A CONSEQUENCE D AS A CONSEQUENCE OF AS A CONSEQUENCE O	22. NAME A 1621 not enter the me DF): DF): DF): OF): OF): OF): OF): OF): In the underlyin A DEP	Opossumt ode of dying, su caral ing ceuse given in place of Death (Come 5 Realdence JURY AT ORK? 2 NO ce a and place, and do	own Pike ch as cardiac or res Part i. 24a. WAS PERF 1 YES heck only one) 6 Other (Specify) 28d. DESCRIBE HOW City or Town, Sta	AN AUTOPSY ORMED? 2 X NO VINJURY OCC or and Number (e)	24b	Approximate intervel Betwee Onset and Des On
23. PARFT. Enter the diseases shock, or heart fel iMMEDIATE CAUSE (Finel diseases or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation of the conditions of th	a, or complications that capalitre. List pnly pne cause of DUE TO (OR A DUE TO (OR A d. D. DUE TO (OR A d. D. DUE TO (OR A d. D. DUE TO (OR A d. D. DUE TO (OR A d. D. D. DUE TO (OR A d. D. D. D. D. D. D. D. D. D. D. D. D. D.	Sed the death. Do n each line. A CONSEQUENCE Of the second secon	22. NAME A 1621 not anter the me 25. P 26. P 27. In the underlying A D D D D D D D D D D D D D D D D D D	Opossumt ode of dying, su caral ing ceuse given in place of Death (Come 5 Realdence JURY AT ORK? 2 NO ce a and place, and do	OWN Pike ch as cardiac or res Pert i. 24e. WAS / PERF 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Rown, State) a to the cause(a) and me time, date and place,	NA AUTOPSY ORMED? 2 NO VINJURY OCC VINJURY OCC Annuer as state and due to the	24b	intervel Betwee Onset and Des



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within four after death. Page 6 may be retained by the hospital or attending physician	ours after death. Page 6 may be retained by the hospital or attending physician
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely and in by the funeral director, page 5 should be detached for use as the burial-tra	od in by the funeral director, page 5 should be detached for use as the burial-tra
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	, or removal,
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIFIC	ATE OF	DEATH	RE	G. NO.	
1.0	1. DECEDENT'S NAME (First, Middle, Last)	4.1		1124		2. DATE OF D	EATH	3. TIME OF DEATH
- "	ROOSEVELT		MADDRES	TIT		SEPT.	DAY	6:15 A.M.
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	04,1994 BTH	8. BIRTHPLACE (State or Foreign
		1 🖾 M 2 🗆 F		NTHS DAYS	HOURS MIN.	(Month, Day,	16ar)	Country) MARYLAND
	9e. FACILITY NAME (If not institution, give	street and number)	98	CITY, TOWN	R LOCATION OF D	EATH	9c. COU	NTY OF DEATH
TOT:	HOLY CROSS HOSPIT	ral		ILVER	SPRING		MONT	GOMERY
E	10e. STATE 10b. COUNT	ſΥ	10c. CITY, TO	OWN OR LOCAT	IDN			10d. INSIDE CITY
P. D.		CE GEORGE'S	НУАТТ	SVILLE				1X YES 2 ND
M	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?
单	5249 KENILWORTH	AVE.		2	0783		U.S	.A.
BY FUNERAL DIRECTOR	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC DRIGIN? (Specify Yes or No— 14. RACE — A Black, Wh							14. RACE — American Indian, Black, White, etc. Specify: BLACK
			I					
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo	N st of working	16b. KINE	OF BUSINESS/INC	DUSTRY
OM	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle	, Maiden Surname)	
BE C	ROOSEVELT MADI	DREYTR			HELENE	WATTACI	r ·	
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a			ty or Town, State, Zip	Code)
2	HELENE MADI	DREY	5249 KF	CNTLWOT	H AVE. I	TYATTSV	ILLE, MD	20783
	20e. METHOO OF DISPOSITION	200	. PLACE AND DATE OF D	ISPOSITION (Ne		OATE	20c. LOCATION —	
	1 Burial 2 Cremation 3 Rer	noval from State cen	netery, crematory or other COMFOR'	place) CREMA	TORY	9/12	ALEXAND	RTA. VA.
	21. SIGNATURE OF FUNERAL SERVICE L		00111 011	22. NAME AP	D ADDRESS OF FA	CILITY		
	· Veina	Lemme	ms		H GAWLER		-	20016 SHINGTON, DC.
	23. PART I. Enter the diseases, of	complications that ceuse	d the death. Do not					
		. List only one cause on a						Interval Between
	IMMEDIATE CAUSE (Final disease or condition	a. CARDID NO. DUE TO (OR AS	· m · ho	G. 1	1100			
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OFI:	Ami	VIC			1/2/12
7		on the mi	e Prema	Livit	١.			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	(10.1.))			
8	cause. Enter UNDERLYING	c.						
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS /	A CONSEQUENCE OF):					
8	resulting in death) LAST	d						
	PART II. Other significant condition	one contributing to death i	hut not requising in a	ha sanda duta.		Deat L		
DICAL	TARTI II. Other significant contents	ns contributing to death t	out not resulting in t	ne undanyini	g cause given in	Part I. 24a.	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
						1 [YES 2 NHO	COMPLETION OF CAUSE OF DEATH?
ME								1 TES 2 ND
ž								
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	100	26. PL THER:	ACE OF DEATH (C	heck only one)		
1S	1 TES 2 NO	1 Qnpetient 2 = ER/Out			e 5 🗆 Residence	6 Other (Spe	icify)	
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME O	WO	URY AT PRK? YES 2 NO	28d. OESCRIB	E HOW INJURY OC	CURED
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	Y At home, farm, street	et, factory, offic	•	281. LOCATION	(Street and Number	or Rural Route Number,
E	4 Homicide determined							
2	29e. CERTIFIER (Check only	SICIAN: To the best of my know	viedge, death occurred a	t the time, data	end place, end du	to the cause(s)	end manner as stat	ed.
COMPLETED	anal							ne cause(s) end manner es stated.
	200 SIGNATURE AND TITLE OF CERTIFIE	ER			29c. LICENSE NU	MBER	29d, DAT	E SIGNED (Month, Day, Year)
BE	H. O.D.	1 34			1445			2pt 04, 1994
5	30. HAME AND ADDRESS OF PERSON W		EATH (ITEM 27) (Type. Pri	nt)	11 19		<u></u>	
	Gregory Downing D	0	Ho-pitaz		rest hien	RD 5.1	ver socine	.mD
	31. DATE FILEO (Month, Day, Year)	32, REGISTRAR'S SIGN	NATURE		0.01	, ,,,	6	1
	SEP 1 / 199	1 Julia David	son-Randalle					
_	JET A W	Ü						DHMH.16 Rev 1

VILLE, ND 207

ALEXANDP

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TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

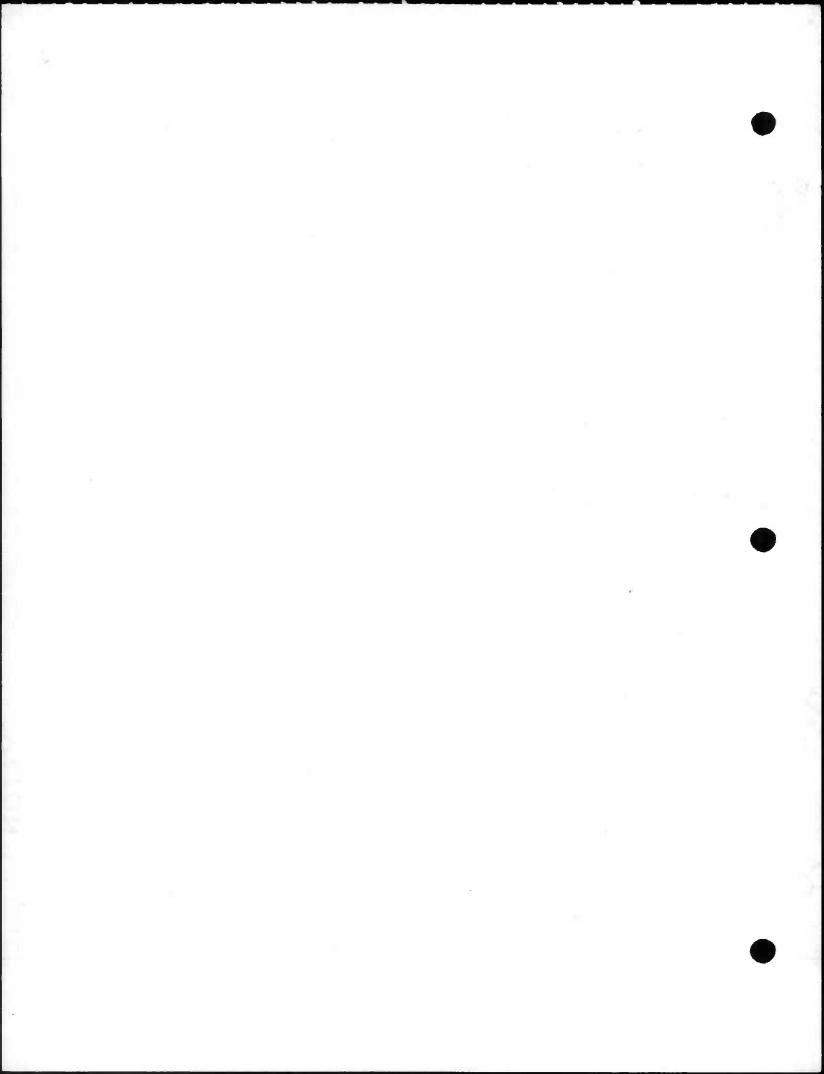
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Ten in committee in a
mi contract. It would be indired, or notice to show any might, or come negative event, the incursor canning interior of online.
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HILLIAN II HOLL TO

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
ISTRAR	CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIE			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			TIME OF DEATH
Richard S.	McKerno	n			Sept. 11	, 1994	YEAR	10:15A M
4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In	yrs. last birthday) #	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRTHPLA	CE (State or Foreign
070-30-4605	M 2 □ F 55	NTHS DAYS	HOURS MIN.	(Month, Day, Your) NOV. 18,	1938	New 1	Zork	
9a. FACILITY NAME (If not institution, give street	and number)	91	b. CITY, TOWN (OR LOCATION OF DE			TY OF DEATH	
2 Thorburn Road			Gaithe:	rshura		Monte	gomer	J
RESIDENCE OF DECEDENT						1		
10s. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	TION			100	I. INSIDE CITY
	gomery		Gaithe	rsburg			15	YES 2 NO
104. STREET AND NUMBER	101	. ZIP CODE		10g. CITIZ	EN OF WHAT	COUNTRY?		
2 Thorburn Road				20878			ted S	tates
11. MARITAL STATUS 12 1 Never Merried 2 Merried	WAS DECEDENT EVER IN I		13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify)	fes or No-	14. RACE —	American Indian,
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT			2 NO Specify			Specify:	
15. DECEDENT'S EDUCATI	OH T		<u> </u>					White
(Specify only highest grade con	pleted)	(Give kind of work life. Do NOT use re	done during ma	on st of working	16b. KIND OF B	USINESS/INDU	ISTRY	
Elementary/Secondary (0-12)	ollege (1-4 or 5+)	Attorne			Drive	te Pra		
17. FATHER'S NAME (First, Middle, Lest)	J	necome	- <u>Y</u>	Extract -			ctice	
John N. McKernon					ME (First, Middle, Maide	,		
19a. INFORMANT'S NAME (Type/Print)					ny R. Don			
Brenda H. McKernon					loute Number, City or To			
					nersburg,	Maryl	and :	20878
20s. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Ramovel		PLACE AND DATE OF D ery, crematory or other		me of	DATE 20c. I	OCATION C	ity or Town,	State
4 Donstion 5 Other (Specify)	Pi	ne Grove	Cemete			. Airy	, Mar	yland
21. SIGNATURE OF FUNERAL SERVICE LICENS	EE		Rober	t A. Pumi	phrey Fun	eral H	ome/R	ockville.
Kaluf Ja	and I	M00198	1 300	West Moni	gomery A	170n110		Inc.
23. PART I. Enter the diseases, or com ahock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition reaulting in death)	DOIS TO (OR AS A C	th line. Lmonary a	enter the mo	de of dying, suct	es cerdiec or ree	piratory srre	st,	Approximete Intervel Between Onset and Death
	DOE TO (OH AS A C	CONSCOUENCE OF):						
Sequentielly list conditions, b	DUE TO (OR AS A C	CONSEQUENCE OF):						
If sny, lesding to immediate cause. Enter UNDERLYING	` .						j	
CAUSE (Disease or Injury thet initiated eventa	DUE TO (OR AS A C	CONSEQUENCE OF):						
resulting in death) LAST								
PART II. Other significent conditions of	ontributing to deeth but	not recuiting in t	he underlying	g ceuee given in I	Part I. 24s. WAS A	N AUTOPSY		RE AUTOPSY FINDINGS
					13 YES	2 NO	COA	APLETION OF CAUSE DEATH?
					_			YES 2 NO
DID TOBACCO USE CONTRIB	UTE TO CAUSE OF	DEATH YES	□ NO 🗵	UNCERTAIN				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		PLACE OF DEATH						
The state of the s	OSPITAL: Inpatient 2 ER/Outpat	lent 3 DOA 4	THER;	e 5 Residence	B Other (Specify)			
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		URY AT RK?	26d. DESCRIBE HOW	INJURY OCCU	PRED	
1 Natural 5 Pending 2 Accident Investigation	,,			ES 2 NO				
3 Suicide 6 Could not be								
	26s. PLACE OF INJURY building, stc. (Specify	- At home, larm, street	et, lactory, office	•	281. LOCATION (Street		r Rural Route	Number,
4 Homicide detarmined	26s. PLACE OF INJURY – building, stc. (Specify	- At home, larm, stree	et, lactory, office		281. LOCATION (Stree City or Town, Stat		r Rural Route	Number,
4 Homicide detarmined	building, stc. (Specify	")			City or Town, Stat	10)		Number,
4 Homicide determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN	building, stc. (Specify To the best of my knowled	dgs, death occurred a	t the time, data	and place, and due	City or Town, State	anner as atated	1.	
4 Homicide	building, stc. (Specify To the best of my knowled	dgs, death occurred a	t the time, data	and place, and due	City or Town, State to the cause(s) and m time, data and piace,	enner as stated	i. cause(s) sno	manner as stated,
4 Homicide determined 29e. CERTIFIER (Check only 1 🖾 CERTIFYING PHYSICIAN	building, stc. (Specify To the best of my knowled	dgs, death occurred a	t the time, data	and placs, and dua eath occured at the 29c, LICENSE NUM	City or Town, Stal	enner as stated and due to Jha 29d. DATE	1. cause(s) and SIGNED (Mor	I manner as stated.
4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0 29b. SUMMATURE AND TITLE OF CERTIFIER	i: To the best of my knowled in the basis of axamination of	dge, death occurred a and/or investigation, in	t the time, data n my opinion, d	and place, and due	City or Town, Stal	enner as stated and due to Jha 29d. DATE	1. cause(s) and SIGNED (Mor	manner as stated,
4 Homicide detarmined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	i: To the best of my knowled in the bests of sxamination of the best of beat o	dge, death occurred a end/or investigation, in	t the time, data n my opinion, d	and place, and due seth occured at the 29c. LICENSE NUM	City or Town, State to the cause(s) and m time, data and place,	anner as stated and due to Iha	a. cause(s) and signed (Mor	I menner se stated. oth, Day, Year) er 12,1994
4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0 29b. SUMMATURE AND TITLE OF CERTIFIER	i: To the best of my knowled in the bests of sxamination of the best of beat o	dge, death occurred a sind/or investigation, in the (ITEM 27) (Type, Print 18111 Pr	t the time, data n my opinion, d	and place, and due seth occured at the 29c. LICENSE NUM	City or Town, Stal	anner as stated and due to Iha	a. cause(s) and signed (Mor	I manner as stated.





FOR

1 - STATE REGISTRAR				CERTIF	ICA	TE OF	DEAT	ГН		REG. NO			
1. DECEDENT'S NAME (First,	, Middle, Last)									OF DEATH			3. TIME OF DEATH
Irene	C.	Madrzyk	owski						Sept		AY 1 (994	6:00 P M
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In y	s. last birthday)		IDER 1 YEAR	IF UNDER		7. DATE	OF BIRTH		6. BIRTH	PLACE (State or Foreign
299-05-2829	9	1 M 2 K F	7	78 YRS.	MONTH	HS DAYS	HOURS	MIN.		th, Day, Year)	916	Country	"Ohio
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. C	HTY, TOWN	OR LOCATE			0, 1		NTY OF D	
Randolph H:	ills N	ursing Ho	me		S	ilver	Spr	ing			Mont	tgome	erv
RESIDENCE OF DEC												0	
10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOW	N OR LOCA	TION						10d. INSIDE CITY LIMITS?
Maryland	Mont	gomery		Si	<u>lve</u>	r Spr	ing						1 X YES 2 NO
10e. STREET AND NUMBER		// 11 m				100	t. ZIP CODI				10g. CITI	ZEN OF W	WHAT COUNTRY?
	ester r	Mill Terr					20906)			Unit	ed S	tates
11. MARITAL STATUS	Marriad	12. WAS DECEOENT FORCES? 1	EVER IN U.S	S. ARMED		13. WAS DE	CENDENT C	OF HISPAN	IIC ORIGI	N? (Specify Yes	or No-	14. RACE Black	— American Indian, t, White, etc.
3 Widowed 4 Divo		IF YES, GIVE W					2 NO			riioani, ototj		Specif	hv:
15 DEC	EDENT'S EDU	CATION	40	PECEDENTIA	110114	00011017			1				White
(Specify only	y higheat grade	completed)		(Give kind of the Do NOT us	work do	ne durina me	ON ost of workin	ng	161	b. KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0	-12)	College (1-4 or 5+		Homema	_	ŕ				At Ho	m o		
17. FATHER'S NAME (First, Mi	iddle Leat1			Homeme	- Itt		40 44077	AEDIC MA	ME (Class	Middle, Maiden			
	Caczmai	rek						her		Frasz			
19a. INFORMANT'S NAME (7)			_	I son Man mic	4000	F00 (0)				nber, City or Tow			20006
Florian C.		zykowski		1									20906 Taryland
20A, METHOD OF DISPOSITI		ZyROWSKI	001 01	ACE AND DATE	_			L Tel			CATION —		
1 🛱 Burial 2 🗆 Crematio	n 3 🗆 Reme	oval from State	cemeter	y crematory or in	ther pie	COSITION (N	ame of	3037	DAT	_			wn, State .ng , Maryland
4 Donation 5 Other		ENSEE	J Ga	ce or i				_				Shrr	ing, mary rand
. ///	/	7			1	Hine	s-Rir	ialdi	i Fu	neral	Home	2	0904
14). A	100-											
		00			_ [.	11800	Newl	lamps	shir	eAveSi.	lverS	prin	g,Maryland
23. PART I. Entar the di	seasea, Dr c	omplicetions that	ceused th	e deeth. Do i									Approximata
ehock, Dr he	eert fellure.	Liet Dnly one ceus	e Dn eech	line.	nDt an	ter tha mo	ode of dyl	ng, sucl	h ea car	dlac or reap	ratory arr		
IMMEDIATE CAUSE (Findiseese Dr condition	eert fellure.	Liet Dnly one ceus	e Dn eech	line.	nDt an	ter tha mo	ode of dyl	ng, sucl	h ea car	dlac or reap	ratory arr		Approximata Interval Between
IMMEDIATE CAUSE (Fin	eert fellure.	a. Orte	n eech	line.	not an	ter tha mo	ode of dyl	ng, sucl	h ea car	dlac or reap	ratory arr		Approximata Interval Between
IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eert fellure.	a. Orte	n eech	eleve	not an	ter tha mo	ode of dyl	ng, sucl	h ea car	dlac or reap	ratory arr		Approximata Interval Between
IMMEDIATE CAUSE (Findiseese Dr condition	bert fellure.	DUE TO	OR AS A CO	eleve	not and	ter tha mo	ode of dyl	ng, sucl	h ea car	dlac or reap	ratory arr		Approximata Interval Between
enock, pr he IMMEDIATE CAUSE (Fin disease pr condition resulting in death) Sequentially list conditi fi any, leeding to immed cause. Enter UNDERLY!	Dne, diete NG	DUE TO	OR AS A CO	Ilne.	not and	ter tha mo	ode of dyl	ng, sucl	h ea car	dlac or reap	ratory arr		Approximata Interval Between
enock, or he independent of the cause or condition resulting in death) Sequentially liet condition if any, leeding to immedicause. Enter UNDERLY! CAUSE (Disease or injuit that initiated events	ibne, diete NG	DUE TO (OR AS A CO	Ilne.	not and	ter tha mo	ode of dyl	ng, sucl	h ea car	dlac or reap	ratory arr		Approximata Interval Between
enock, or he IMMEDIATE CAUSE (Fin disease pr condition resulting in death) Sequentially liet conditi If any, leeding to immer cause. Enter UNDERLY! CAUSE (Disease or inju	ibne, diete NG	DUE TO (OR AS A CO	NSEQUENCE OF	not and	ter tha mo	ode of dyl	ng, sucl	h ea car	dlac or reap	ratory arr		Approximata Interval Between
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flour after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Year)

1994

32. REGISTRAR'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within . Its after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit has fine within 72 hours after death with the State Deat or Health and Mental Harilene prior to burla.	IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR DECEDENT'S NAME (First, Middle, Last)	-	- 01	RTIF	CALL	_ 05	JEAI			REG. N			3. TIME OF DEATH	-
	Cordelia Irmagard	Martin							Sept	. 4,	1994	YEAR	6:30 p.	M
- 1		s. SEX	B. AGE (in yrs. las	t birthday)		1 YEAR	IF UNDER		7. OATE	OF BIRTH			HPLACE (State or Foreign	
	425-40-6111	□ M 2 🔀 F	68	YRS.	MONTHS	DAYS	HOURS	MIN.	June	7, 1	926		sissippi	
	e. FACILITY NAME (If not institution, give street	et end number)			9b. CITY	, TOWN O	R LOCATIO	ON OF D			_	UNTY OF		_
E I	Shady Grove Advent	ist Nurs	sing Cen	ter	Roc	kvil	le				Mon	tgome	ery	
5	RESIDENCE OF DECEDENT				w mount	OR LOCAT	1011						10d. INSIDE CITY	
2				7271		sbur							LIMITS?	
	Maryland Montgo	mery		Gai	tner		ZIP CODE	F			10a C	TIZEN OF	1 ☐ YES 2 X NO WHAT COUNTRY?	_
≤ B	18717 Blue Violet	Lama					0879						WHAT COUNTRY?	
ž I-		Lane 12. WAS DECEDEN	EVER IN U.S. AR	MED	13			E HISPA	NIC ORIGIN	2 (Specify)		S.A.	E American Indien,	_
	Never Merried 2 📉 Merried	FORCES? 1 IF YES, GIVE W	YES 2 X	10		If yes, spe	cify Cube	n, Mexico	an, Puerto F	lican, etc.)	0 0 10	Spe	ck, White, etc.	
- 11	3 Wildowed 4 Divorced	11 123, 0112 11	AN ON DAILS			1 🔲 163	2 <u>M</u> 140	ариск	ry.			Spe	White	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co			CEDENT'S				10	16b.	KIND OF E	USINESS/II	NOUSTRY		
<u> </u>		College (1-4 or 5 +	life	Do NOT u	se retired.)	Galling III.	or or world	.8						
¥		1	Gra	nts	Assi	stan	t		U	.s. (over	nment		
3	7. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	AME (First, A	Aiddie, Meid	en Surname,			
w L	Oscar Goodin								ILABL	_				
o II '	9a. INFORMANT'S NAME (Type/Print)		191				nd Number	or Rural	Route Numb	er, City or T	own, State, 2	Zip Code)		
-	Ivan C. Martin			same					-,	_				
	26a. METHOD OF OISPOSITION I ◯XBuriel 2 □ Cremation 3 ◯XRemovi	al from State	20b. PLACE of cemetary.	crematon	or other	nlace)			DATI		LOCATION -			
- 1	Donation 5 Other (Specify)	POEE	Baldw	yn Ma		IC CO				Ba	Ldwyn	, Mi	ssissippi	_
	1. SIGNATURE OF FUNERAL SERVICE LICES)7							1 Hon	ne				
	10.0	X			10) E.	Deer	. Pa	rk Dr	., G	aithe	rsbu	rg, MD 208	77
	23. PART I. Enter the disesses, Dr cor shock, or heart failure. Lie	mplications tha	caused the de	ath. Do	not anta	r tha mo	de of dy	ing, su	ch as card	liac or res	spiretory s	errest,	Approximata interval Between	
	IMMEDIATE CAUSE (Final	at only one cau	ao on auch ime	•									Onset and De	
	disease or condition resulting in death)	Metasta	atic Bre	ast	Canc	er							3 years	
		DUE TO	(OR AS A CONSE	DUENCE O	F):									
z II	Sequantially list conditions, b.													
	if sny, leading to immediate	OUE TO	(OR AS A CONSE	DUENCE O	F):									
<u> </u>	cause. Enter UNDERLYING CAUSE (Disease or Injury	DIFE TO	OR AS A CONSE	MIENCE O	D.									
	that initiated events resulting in death) LAST	DOE 10	(OH AS A CONSE	JUENCE U	r):									
	d.													
. 11	PART it. Other significant conditions	contributing to	death but not	esuiting	in the u	nderlyin	cause	given ir	n Part i.		AN AUTOPS	Y 24	Ib. WERE AUTOPSY FINDIF	IGS
일											2 X NO		COMPLETION DF CAUS OF DEATH?	E
											11		1 YES 2 NO	
-														
ਤੂ ∥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (C	heck only or	10)				
U 11	and the second second	HOSPITAL:	ER/Outpatient 3	□ DOA	4 TX Nu		e 5 □ R	esidence	8 🗆 Othe	r (Specify)				
S	27. MANNER OF DEATH	28e. DATE OF (Month, D	INJURY ev. Year)	28b. TIR	E OF	28c. INJ	URY AT		28d. DES	CRIBE HO	W INJURY C	CCURED		
HASI	1 X Netural 5 Pending		-,,		M		VES 2	NO						
<u>-</u>			F INJURY At he	me, ferm,	etreet, fac	ctory, offic				ATION (Stre		ber or Rura	l Route Number,	
à l	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE C building.	atc. (Specify)							.,				
à l	2 Accident Investigation	28a. PLACE C building,	atc. (Specify)											
à l	2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER 1 VI CESTIFVING BUYERS	building,	atc. (Specify)	eath occur	red at the	time, date	and place	, end du	e to the cer	use(e) end s		stated.		
a a	2 Accident 3 Sulcide 4 Homicide 8 Could not be determined 299. CERTIFIER (Check only	AN: To the best of	my knowledge, de								manner as s		e(e) and manner as state	f.
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50 W. Edmonston Dr. #401, Rockville, MD 20852

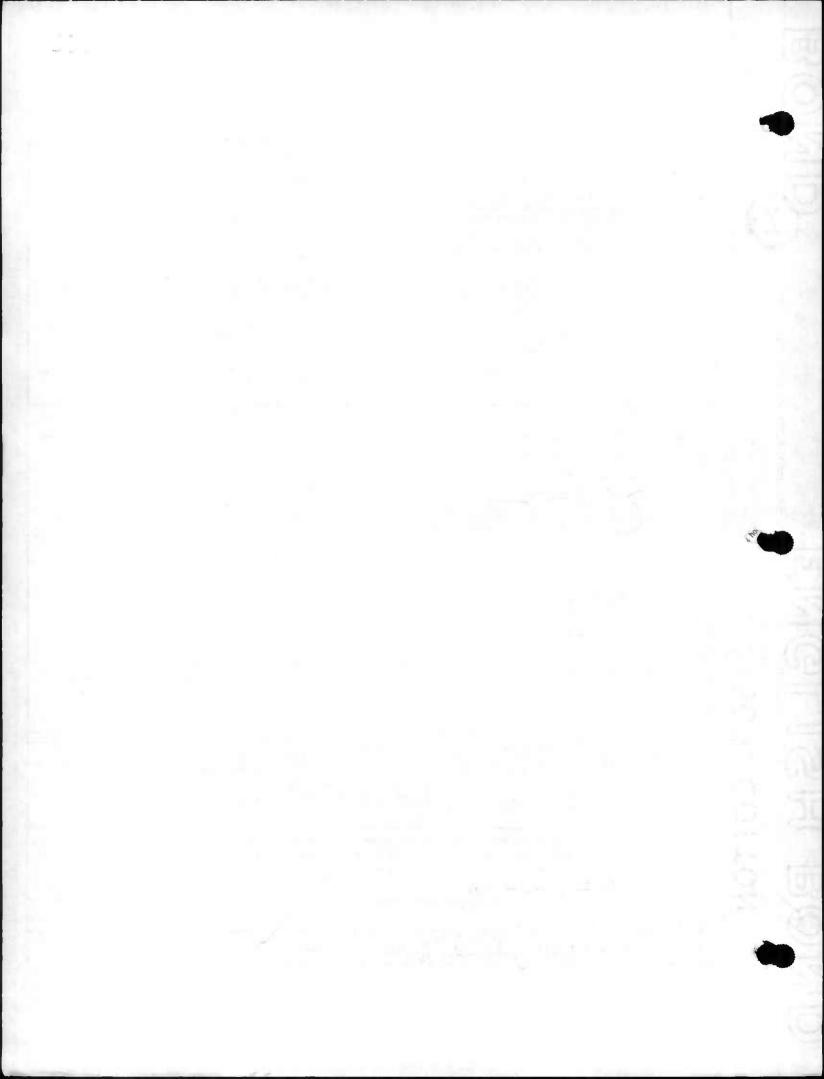
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randelle

R. Trehan, M.D.

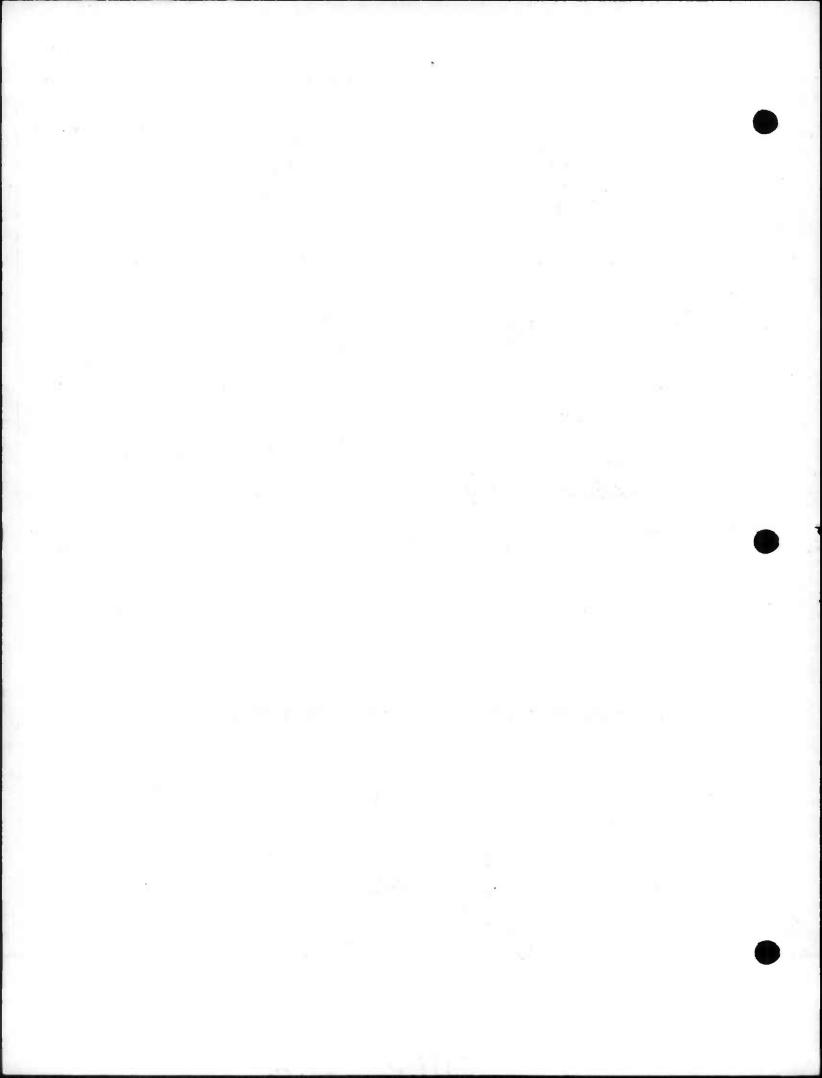
31. DATE FILED (Month, Day, Year)
SEP 1 3

DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician	filled in by the funeral director, page 5 should be detached for use as the burial-tra ion, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENOING PHYSICIAN: The law requires that the death certificate be executed with from after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				HYGIENE REG. NO.		
		03F5				2. DATE OF MONTH		1994 YE	ar 3. TIME OF DEATH
	578-38-2116	□ M 2 🖾 F 78	YRS.	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		віятн 3, 191	6 Wa	SHITHPLACE (State or Foreign country) shington, DC
TOR	9a. FACILITY NAME (If not Institution, give street Holy Cross Hospita. RESIDENCE OF DECEDENT			ilver S	pring	EATH		Mont	of DEATH gomery
FUNERAL DIRECTOR	Maryland Montg	omery		own on Locat er Spri					10d. INSIDE CITY LIMITS? 1 TYES 2 NO
NERAL	100. STREET AND NUMBER 11528 Soward Drive			2	20902			U.S	of what country?
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	P. Was decedent ever in Forces? 1 Tyes If yes, give war or dat	2 X NO	13. WAS DEC If yes, spi 1 TYES	ENDENT OF HISPAN helfy Cuben, Maxica 2 XNO Specify	n, Puarto Rici	Specify Year an, etc.)		RACE — American Indian, Black, Whita, atc. Specify: 7hite
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	(ON npleted) College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of work life. Do NOT use re SECTETA	done during mo: tired.)	N st of working	-		MESS/INDUSTR	
BE COM	17. FATHER'S NAME (First, Middle, Last) Radford Moses				18. MOTHER'S NA Emmay	ME (First, Mid Kin		iumame)	
10	19a. INFORMANT'S NAME (Type/Print) Estelle Riggles				Hgy.,#9				Md. 20815
	20a. METHOD OF DISPOSITION 1 Deutlel 2 Cremation 3 Ramova 4 Donation 5 Other (Specify) 21. SIGNATURE OF TUNERAL SERVICE LICEN:	from State ceme	PLACE AND DATE OF D lety, crematory or other AK HIII C	emetery				ington	or Town, Stata
	· John F.	Della		DeVo 2222	ol Funera 2 Wiscons	al Hom	e.N.	W.,Was	sh.,DC 20007
	23. PART . Enter the diseeses, or companded, or heert fellure. Lie IMMEDIATE CAUSE (Finel diseese or condition resulting in death)	conly one ceuse on eet Caopha DUE TO (OR AS A C	ige of	enter the mo		h as cardia	c or respire	atory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse, Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST		CONSEQUENCE OF):						
PHYSICIAN: MEDICAL CER	PART II. Other algnificent conditions of						PERFORM	IED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN:		OSPITAL:	0		ACE OF DEATH (Ch				
BY PHYS	1 YES 2 XNO 11 27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		Nursing Home	JRY AT RK?			JURY OCCURE	.0
	3 Suicide 6 Could not be datermined	26s. PLACE OF INJURY - building, etc. (Specify	At home, term, stree(/)	ot, factory, office		281. LOCATI City or	ON (Street an Town, State)	d Number or Ru	ural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C								use(a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 30. MARIE AND ADDRESS OF PERSON WHO C	Holen Chile of Dear	MN		29c. LICENSE NUM				SNED (Month, Day, Year)
	Frederick G. Barr	, M.D.,2101	Medical		c., Silv	er Spr	ing,	Md.209	902
	SEP 1 3 1994	32. REGISTRAR'S SIGNAT	- Pandell						



		FOR
1	_	STATE
		REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

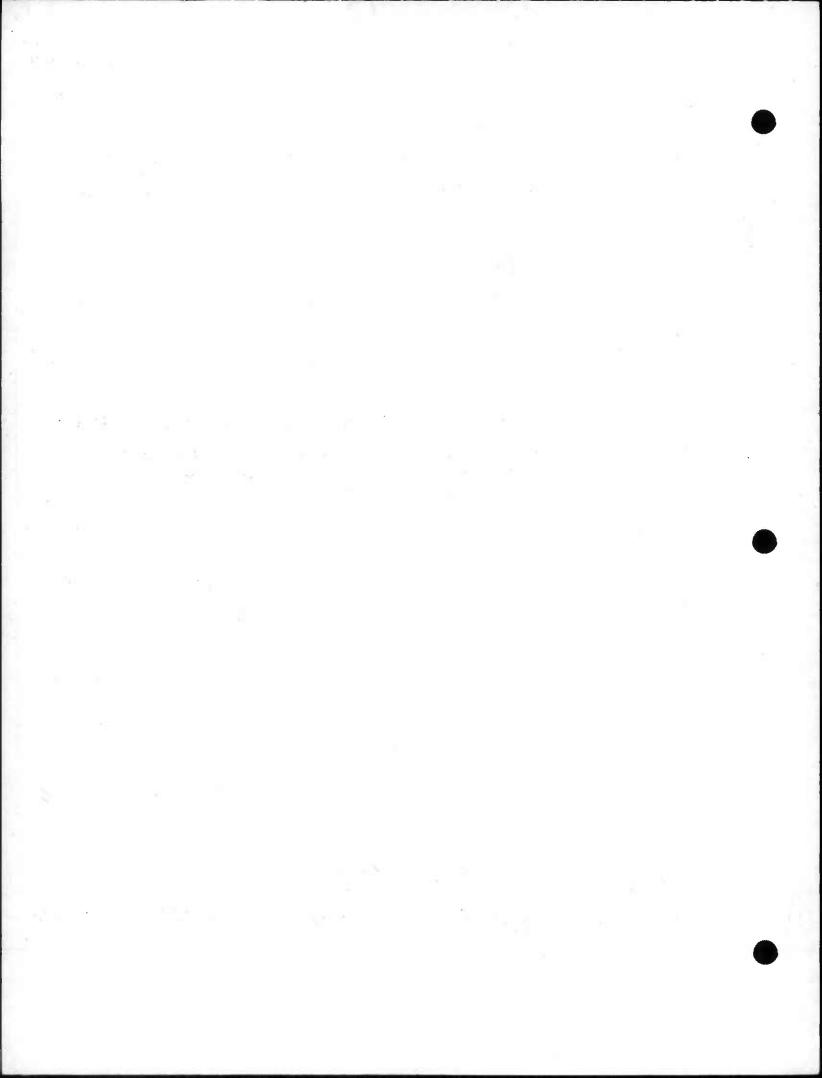
	REGISTRAR CE	RTIFIC	ATE OF	DEATH	REG. NO.	_	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
TOR	Blondelia Evette	e Mon	roe		Sept. 8,	1994	10:00 p.M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest	t birthday) II	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	A RIET	HPLACE (State or Foreign
	091-33-9931 1 □ M 2∑ F 44	YRS.	ONTHS DAYS	HOURS MIN.	sept. 27		N.C.
	12630 Veirs Mill Rd., #718	9	96. CITY, TOWN OR LOCATION OF DEATN ROCKVILLE			MONTGOMERY	
2	RESIDENCE OF DECEDENT						
BY FUNERAL DIRECTOR	N.C. New Hanover		ilmin			10d. INSIDE CITY LIMITS? 1) YES 2 \(\sum \) NO	
	10e. STREET AND NUMBER			. ZIP CODE	10g. CITIZEN OF V		WHAT COUNTRY?
	1317 Orange Street			28401		U.S.A.	
	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMEI FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye If yes, specify Cuban, Maxican, Puano Rican, etc.) 1 YES 2X NO Specify:			s or No— 14. RACE — American Indian, Black, White, atc. Specify: Black	
COMPLETED	15. DECEDENT'S EDUCATION 16a. DEI (Specify only highest grade completed) (Gi	CEDENT'S US	UAL OCCUPATION	ON	16b. KIND OF BUS	INESS/INDUSTRY	
4	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) (Give kind of work done during most of working life. Do NOT use retired.)						
ğ.	12th Unemployed						
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)						
BE	Richard Davis Queen Esther Newton						
2	19a. INFORMANT'S NAME (Typer/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						
7	Thomas Monroe (Husband) 1317 Orange Street, Wilmington, NC 28401						
	20a. METNOD OF DISPOSITION 1 Burial 2 D Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of central place) Metropolitan Crematory 9/11 Alexandria, VA						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY						
	Meorge Thomas SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850						
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximats						
DICAL CERTIFICATION	shock, or heart failura. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Mycc. ARDIAL INFARCTION ACUTE						
	IMMEDIATE CAUSE (Final disease or condition) resulting in daeth) ACATE Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST LAST ERIOSCLEROTIC CARDIOVACULAR DISEASE INDEF DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):						
	EDIC					1 _ YES 2	□ NgX
Σ	1 YES 2 NO						
TED BY PHYSICIAN:	26 WAS CASE DEFENDED TO MEDICAL						
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:						
	1 □ Inpetiant 2 □ ER/Outpetiant 3 27. MANNER OF DEATN 26e. DATE OF INJURY		DOA 4 Nursing Name 5 Pasidence 8 Other (Specify)				
	Netural 5 Pending (Month, Day, Year)	28b. TIME C	Y WC	RK?	28d. DEȘCRIBE HOW INJURY OCCURED		
	2 Accident Investigation 28s, PLACE OF INJURY — At hor		M 1 YES 2 NO		201 LOCATION (Street and Mumber or Street Court Marks		
	3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.						
	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)						
BE	Simple of Market Market Do 70 ag						7-94
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITE)	27) (<u>ly</u> ge, Pr	int)	7010	h-1		
	FRANCIS C. MANLE DETS FERNINDOD RD BETHESDA MOZORIT 1106						
	31. DATE FILEO PROPERTY SALES AND SA	TICHE					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. The third feath, Page 5 may be retained by the handlate of attending physician and completely filled in by the functor, page 5 should be detached for use as the burst-trained within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the imedical examinar must be notified at since. DIVISION OF VITAL RECORDS, P.O. BOX 68760

hours after death. Page 6 may be retained by the hospital or attending physicianly

BALTIMORE, MARYLAND 21215-0020



9/12/94 MRT Montgomery C.
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	RTIF	ICATE OI		WILL IN	REG. N	0.	0	
- 8	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF DEATH
11	Rose C. Miller						Sep	t. 4,	1994	YEAR	12:18P w
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	488-09-8836	1 🗌 M 2 💢 F	80	YRS.	MONTHS DAYS	HOURS MIN.	Apr	h, Day, Year) 19,	1914	Mica	missouri
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWN	OR LOCATION OF D				INTY OF D	
FUNERAL DIRECTOR	Shady Grove Adve	ntist Ho	spital		Rockvi	lle			Мс	ntgo	mery
E	100. STATE 10b. COUNTY	r		10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY
듬	Maryland Mont	gomery		Ro	ckville						LIMITS?
4	10s. STREET AND NUMBER	<u> </u>		1 110		Of. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
ER/	135 S. Van Buren	Street				20850			IIni	ted	States
S	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. AR	MED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN	17 (Specify)	_	14. RACE	- American Indian.
BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 N	40		pecify Cuban, Mexica S 2 X NO Specif		Ricen, atc.)		Sono	k, White, elc. My: White
	15. DECEDENT'S EDUC				USUAL OCCUPAT		16b	. KIND OF B	USINESS/IN		
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+	life	Do NOT us	work done during r se retired.)	nost of working					
립		5+		rari	an		М	iontac	mery	Coun	tv
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA				-	
	Henry A. Collier					Estelle	e Car	son			
BE (19e. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS (Street	and Number or Rural			wn, State, Zi	p Code)	
2	Lee S. Collier					ison Stre					22205
1	20e. METHOD OF DISPOSITION		20b. PLACE A	AND DATE	OF DISPOSITION /	Vame of Q /1 2 /0	Q / DAT		OCATION -		wn, Slate
	1 Buriel 2 M Cremation 3 Remains 5 Other (Specify)	oval from State	cemetery, cres	matory or o	ther place) V Crema	torium,	Inc.				aryland
- 1	21. SIGNATURE OF PHREAL SERVICE LIC	BISE		,							rey Funeral
	VaidE.	eny	• MO	0803	Home/	Rockville e, Rockvi	e, In	ıc. 30	00West	: Mon	tgomery 50-2805
	23. PART I. Enter the diseesea, or o	omplications that	ceused the de	eth. Do r	not anter the m	ode of dying, suc	ch es cerc	diec or res	piratory er	rest,	Approximete
	shock, or heert fellure. IMMEDIATE CAUSE (Final	List only one caus	se on each line	. 1							Intarval Between Onset and Death
	disease or condition	Con	dup	nh	200	ans	21	_			1 1000
	reaulting in death)	DUE TO	IOR AS A CONSEC	QUENCE O	n .						art
_	_	an	hithe	ni							cool
CERTIFICATION	Sequentially list conditions,	DUE TO	OR AS A SPINSES	DUENCE OF	P):						
¥	If any, leading to immediate cause. Enter UNDERLYING	. C	. /1								
드	CAUSE (Disesse or Injury that initiated events	DUE TO	OR AS A CONSEC	DUENCE O	F):						
F	resulting in death) LAST										
DICAL	PART II. Other significent condition	s contributing to	death but not re	esulting	In the underlyl	ng cause given in	Part I.		N AUTOPSY ORMEO?	24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음	WFD,		1000		7			1 TYES	2 NO		COMPLETION OF CAUSE OF DEATH?
ME				-1-7							1 - YES 2 - NO
ä	DID TOBACCO USE	CONTRIBUTI	E TO CAU	SE OI	DEATH	YES NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		3		PLACE OF DEATH (Ch	heck only on	ne)			
Š	1 YES 2 - NO	1 Inpetient 2	ER/Outpatient 3	XDOA	OTHER:	me 5 🗆 Residence	8 🗆 Othe	r (Specify)			
ξl	27. MANNER OF DEATH	28e. DATE OF (Month, Da	INJURY ev Year)	28b. TIM		JURY AT	28d. DES	CRIBE HOW	INJURY OC	CURED	
ВУ	1 Natural 5 Pending	(-y, 10any			YES 2 NO					
_	3 Suicide a Could not be	28e. PLACE Of	F INJURY — At ho	me, ferm,	streel, factory, off	Ice	281. LOC	ATION (Street	t and Numbe	r or Rural I	Route Number,
	4 Homicide determined	Juliang,	esc. (Opecny)				City	or Town, Sta	10)		
ا ۳	29e. CERTIFIER 1 X CERTIFYING PHYSI	CIAN: To the heat of	my knowledge de	eth occum	ed at the time de	to and place, and due	to the one	matel and -			
COMPLETED	(Check only one) 2 MEDICAL EXAMINE										and manner as stated
	29b. SANATURE AND TITLE OF CERTIFIER				, ,			p.=001	_		
BE	290. STANLIGHE AND THE OF CENTINES	× 100	MD			29c. LICENSE NU	A 2	1	29d. DAT	SIGNEO	(Month, Day, Year)
2	30 NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH OTER	M 27) /3	Print)	101	1 3	<u> </u>		//	17/
	(J. S. SA	IA	809	Viel	S MI	11 Rd	Roz	Koll	ph;	5	20850
	31. DATE FILEO (Month, Day, Year) SEP 1 9 1994	32. REGISTRAL	R'S SIGNATURE	nde BP							
	V _ 1 / 1007		! ! ! !								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the most after death. Page 6 may be retained by the law retained by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

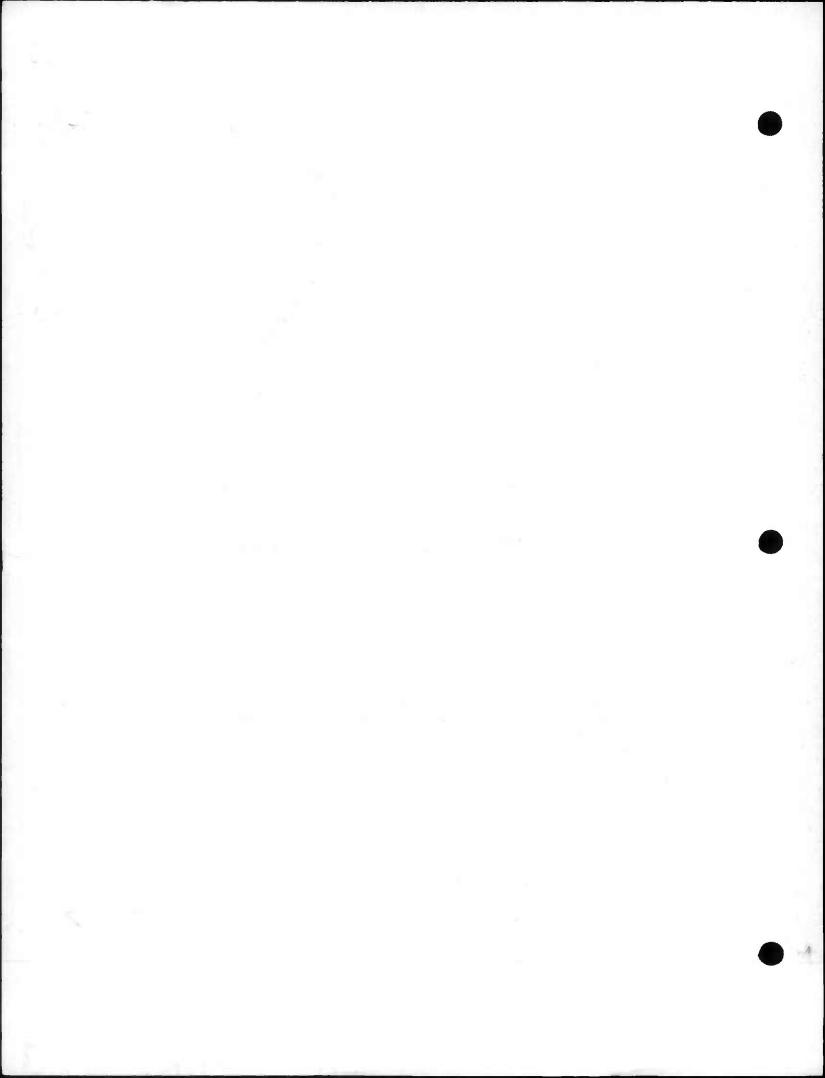
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BALTIMORE, MARYLAND 21215-0020

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60,	within
(687	executed
a.	8
O. BOX 6876	certificate
п.	death
Ö	the
O.R.	that
RECORDS,	requires
	AW.
¥	The
OF VITA	PHYSICIAN: TI
DIVISION OF	ATTENDING
	R
_	HOSPITAL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within commons after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit p he filed within 72 hours after death with the State Derir of Health and Mental Horiene nior to burlat cremoting of removal	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDIN	O THE FUNERAL DIRECTOR: After des	MPORTANT: It item 28 is n

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)							3. TIME OF DEATH
	Seraphine		Meis	21		2. DATE OF DEATH MONTH Seftember 1	9	3:40 PM
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign Country)
	069-38-4061	1 🗆 M 2 🖳 F	90 YRS.	16 38	100	(Month, Day, Year) 7/20/04		New York
œ	9a. FACILITY NAME (If not institution, give s		· ·		R LOCATION OF DE	EATH	9c. COUNTY	24 12800
DIRECTOR	Shady Grove Hospi	tal		ROCK	ville		Monto	gomery
RE	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TON			10d. INSIDE CITY
		gomery	Roo	ckville			_	1X YES 2 NO
RAI	10e. STREET AND NUMBER	_			ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	5901 Montrose Ro	ad 12. WAS DECEDENT EVER			20852		USA	
	1 Never Married 2 Married	FORCES? 1 YE	S 2 NO	If yes, spe	ecify Cuben, Maxica	IIC ORIGIN? (Specify Yearn, Puerto Rican, alc.)	or No.— 14.	RACE — American Indien, Black, Whita, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAN ON	DATES	1 1 1 1 1 1 1	2 NO Specifi	y:		specify:White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S U: (Give kind of wo	rk done during mo	ON st of working	16b. KIND OF BUS	SINESS/INDUS	TRY
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use	retired.)				
M	12 17. FATHER'S NAME (First, Middle, Last)	-	I Ho	ousewife		HOUSET		
	Henry Sanft					me (First, Middle, Meiden 2 Polster	Sumame)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a		Route Number, City or Tow	n State Zin Co	c(e)
2	Phyllis Lessin					, Potomac		,
	20a. METHOD OF DISPOSITION 1 SpBurial 2 Cremetion 3 Remo		0b. PLACE AND DATE OF	DISPOSITION (Na				or Town, Stata
	4 Donation 5 Other (Specify)		Beth Mose	es_		1 - /	nelawn,	L.I.N.Y
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			ID ADDRESS OF FA		7	
	Josep	Noser	\sim	109	l Rockvi	l Funeral I Lle Pike, I	Rockvi.	lle.MD 20852
	23. PART i. Enter the disasses, or of ahear, or heart feliure.	Emplications that cause on	each line.	t enter tha mo	de of dylng, euc	h ee cerdiec or reepi	ratory arrest	, Approximata interval Between
	IMMEDIATE CAUSE (Final			. 4.2	0,-	2016		Onset and Daath
	resulting in death)	. STABH	YLOCOC S A CONSEQUENCE OF:	CAC	26	7313		5 days
-			S A CONSCOUENCE OF):					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):					
CA	cause. Entar UNDERLYING CAUSE (Disease or Injury	с						
F	that initiated eventa resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE OF):					i
E		d						
A L	PART ii. Other significant condition	s contributing to deeth	but not resulting in	the underlying	ceuse given in	Part i. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
SC	ALZHEIMEN					1 □ YES 2	₩ NO	COMPLETION OF CAUSE OF DEATH?
Ž.	CONGESTIVE	CONTRIBUTE TO	T FAIC	URE			•	1 TYES 2 NO
BY PHYSICIAN: MEDIC	DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL	TOMIKIBUTE IC	CAUSE OF			C.38		
200	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch			
H	27. MANNER OF DEATH	28a. DATE OF INJUR	Y 28b. TIME	OF 28c. INJ	URY AT	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUR	ED
\ Y	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJUI		RK? 'ES 2 NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJU building, atc. (S)	RY — At home, ferm, str pecify)	eet, factory, office		281, LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,
	4 Homicide determined							
COMPLETED		ICIAN: To the best of my know						
S S	2 MEDICAL EXAMINE	R: On the baels of examinat	tion and/or investigation,	In my opinion, d	eath occured at the	lime, date and placa, an	d due to the c	ause(e) and manner as stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIER	wehors	1 1		29c. LICENSE NUI	MBER		GNED (Month, Day, Year)
5	/ /			/	DLG	150		-10-94
,-	30. NAME AND ADDRESS OF PERSON WHILE LANGE TO THE PERSON WHITE LANGE T	RICK RD, S	SUITE 21		ITHER.	SBUEG N	My =	20877
	SEP 1 3 1994	1 32 DECISTRADIS CI	GNATURB Pandelle				-03	

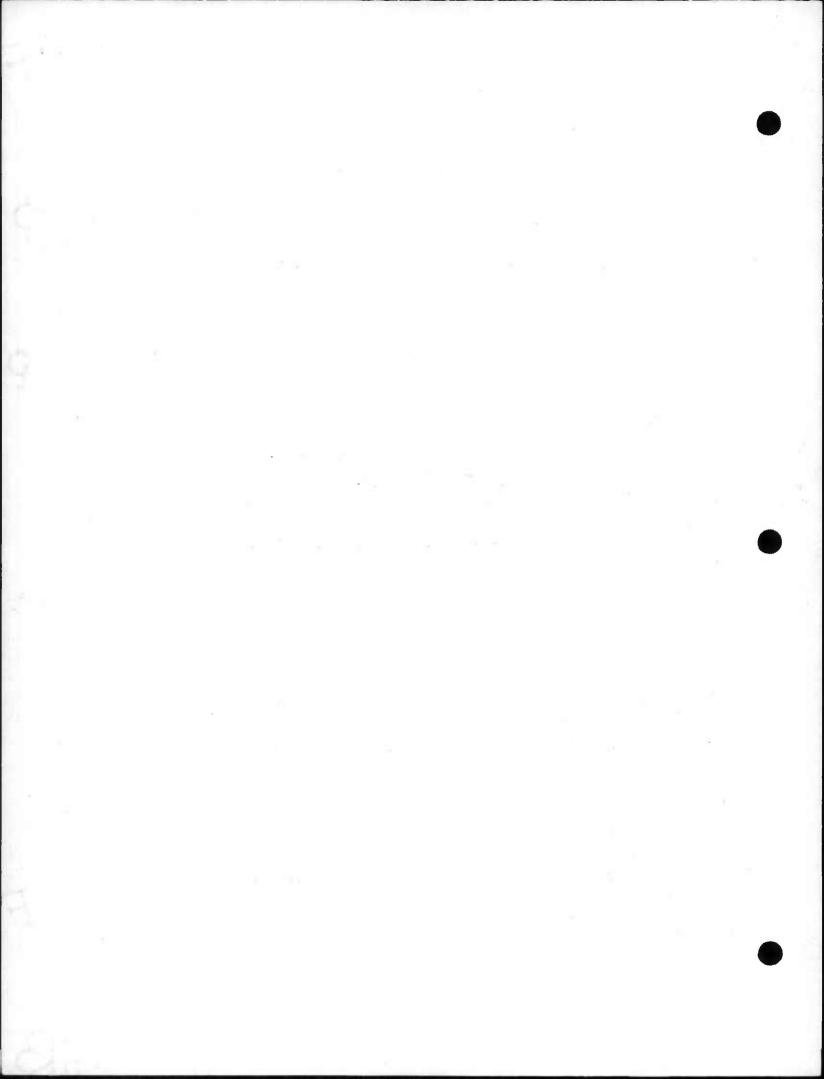


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	_			CERTIF	CATE (OF DEATH		REG. NO			
1. DECEDENT'S NAME (Firs	t, Middle, Last)						2. DATE	OF DEATH			3. TIME OF DEATH
Mary	Virgi	nia N	AYLOR				Sept	ember	16.1	YEAR	8:45p
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yr.	s. last birthday)	IF UNDER 1 YE	EAR IF UNDER 24 HRS.					LACE (State or Foreig
215-14-125		1 🗌 M 2 🔀 F	8:	1 yas.		AYS HOURS MIN.		Pay Year 19		Mar	yland
6115 Manor	Woods					wn on Location of D derick	EATH		ederi		
Maryland	· -	žerick			on Lederic						10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		70 7				10f. ZIP CODE				ZEN OF WI	1 YES 2 NO
6115 Manor	Woods	Road				21701			J	J,S.A	•
11. MARITAL STATUS 1 Never Married 2 2 3 XWIdowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ZNO	If yo	DECENDENT OF HISPA a, specify Cuban, Maxico YES 2 KNO Specifi	en, Puerto R	? (Specify Yes	or No-	Black,	- American Indian, White, atc. ican-Amer
	EDENT'S EDU		164	. DECEDENT'S	USUAL OCCU	PATION	16b.	KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (· · · · · ·	College (1-4 or 5 +	-)	Nurse		ng most of working		Hea I t	h Car	e:	
17. FATHER'S NAME (First, A	fiddle, Last)					16. MOTHER'S NA	AME (First, M	liddle, Maiden	Surname)		
John				BELL		Carrie			,	AMB	USH
Mrs. Shirle		Neal		196. MAILING 6115 M	anor l	woods Rd,	Route Numb	er City or Tow rick,	n, State, Zip Mary	code)	21701
20a METHOD OF DISPOSIT	on 3 🗆 Ram	oval from Stata	20b. PLA	CEAND DATE O	F DISPOSITIO	Cemetery	0/21/	20c. LO	CATION —	City or Tow	n, Stata
21. SIGNATURE OF FUNERA		CENSER	1 500	7	22. NAN	TE AND ADDRESS OF FA	ACILITY				
Y hand	25	HICKS	4			2 Forest D					
Sequentially list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj- that inlitated events reaulting in death) LAS	diate ING Iry	b. HYPE DUE TO	OR AS A CO	NSEQUENCE OF):						
		d									
PART II. Other algorification	ant condition	ns contributing to	death but n	ot resulting I	n the under	riying cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?		WERE AUTOPSY FINDIR AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED 1	O MEDICAL				2	6. PLACE OF DEATH (C)	heck only one	»)			
EXAMINER?		HOSPITAL:	ER/Outpatier	nt 3 🗆 DOA	OTHER:	Home 5 Residence	6 COther	(Specify)			
27. MANNER OF OEATH 1 Natural 5	Pending	28a. OATE OF (Month, De	INJURY	28b. TIMI	E OF 280 URY	: INJURY AT WORK?	_	CRIBE HOW I	NJURY OC	CUREO	
2 Accident 3 Suicide 8 4 Homicide	Investigation Could not be detarmined	28s. PLACE O building,	F INJURY — A	At home, farm, a				TION (Street and Town, State)		or Rural Ro	oute Number,
29a. CERTIFIER (Check only	TIFYING PHYS	ER: On the beals of a		d/or investigation		deta and place, and dur on, death occured at the 29c. LICENSE NU D430	o time, deta		d due to th	e cause(a)	Month, Day, Year)
30. NAME AND ADDRESS OF SAEED	ZAL	O COMPLETED CAUS	SE OF DEATH	(ITEM 27) (Type,	Print)	HOUSE AU		FRE			
31. DATE FILED (Month, Day,	Year)	32. REGISTRA		Robell		IUUSE NU	~ (F7461	OBR	1 CLL	



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withnours after death. Page 6 may be retained by the hospital or attending physician.	is after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	 by the funeral director, page 5 should be detached for use as the burial-transit permiemoval.
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	idical examiner must be notified at once.

FOR

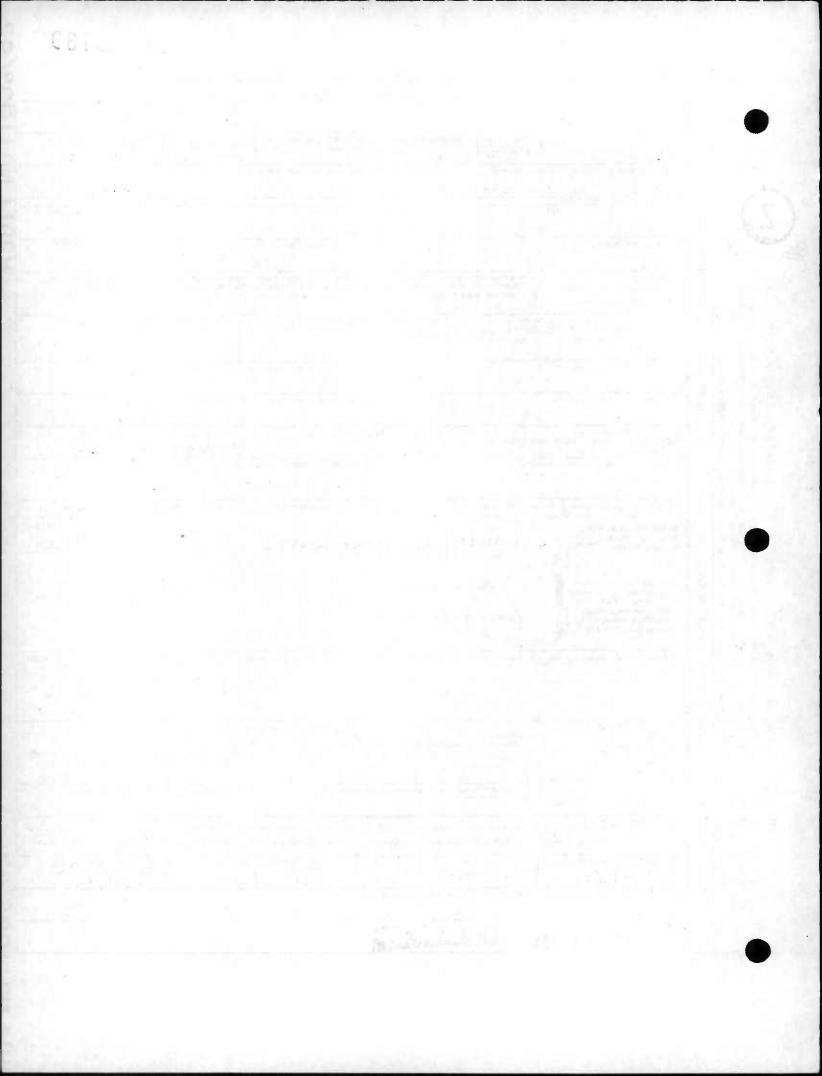
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR	CERT	TIFICA	TE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF				3. TIME OF DEATH	N
	S. Inez Willingham	No	ble			Septer	mber "	14,	1994	12:10	Ам
		8. AGE (In yrs. last birth	nday) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTN			PLACE (State or For	nion
	045-40-4745 1□ M 2 以 F	90 Y	RS. MONT	THS DAYS	HOURS MIN.	(Month, E		1004	Country	y)	
	9s. FACILITY NAME (If not institution, give street and number)	- 50	96	CITY TOWN O	R LOCATION OF DE	Feb.	20, 1		INTY OF DE	orgia	
Œ	Manor Care-Potomac					23114					
6	RESIDENCE OF DECEDENT			Potom	ac			I	lontg	omery	
<u> </u>	10e. STATE 10b. COUNTY	100	c. CITY, TOV	WN OR LOCAT	ION					10d. INSIDE CITY	
DIRECTOR	Maryland Montgomery		Re	thesda					- 1	LIMITS?	MO
	10e. STREET AND NUMBER		DC		ZIP CODE			10g, CIT	IZEN OF W	HAT COUNTRY?	
	7806 Maple Ridge Road				20014						
FUNERAL		EVER IN U.S. ARMED		13. WAS DEC	20814 ENDENT OF HISPAN	IIC OBIGIN2 (Spacify Vac			States - American India	
	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WA	YES 2 NO		Il yes, spe	cify Cuben, Mexica 2 X NO Specifi	n, Puerto Alci	en, slc.)	01 110	Black	, Whits, sic.	",
B	3 X Widowed 4 Divorced	N ON DATES	İ	1 _ TES	2 K NO Specin	y:			Specif	White	
	15. DECEDENT'S EDUCATION	16s. DECEDE	NT'S USUA	AL OCCUPATIO	N	16b. KI	IND OF BUS	SINESS/IN	DUSTRY		
ᆸ	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kir. life. Do N	nd of work d VOT usa retin	lone during mos ed.)	st of working						
립	12	Hom	emake	er		0	wn Ho	me			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S NA						
	Joseph Newton Willingh	am				uri A			25		
BE	19s. INFORMANT'S NAME (Type/Print)		JLING ADDI	RESS (Street au	nd Number or Rural I						
2	Anne Noble Kehr				dge Road					nd 2081	Λ
1	20s. METHOD OF DISPOSITION	20b. PLACE AND D				DATE	1		City or Tox	_	7
- 1	1 Buriel 2 Cremstion 3 Removal from State 4 Donation 5 Other (Specify)	cametery, cremator	y or other pla	aca)		1				•	
	21. SIGNATURE OF FUNERAL SERVICE LICENSIE	Montgon	nery (Orium, I		Bet.	nesd.	a, Ma	ryland	
- 1	11.11011.	M008	146	Robert	A. Pump	hrey_	Funer	al H	ome/	Bethesda	_
	Muhal R Holins		46	Bethes	A. Pump Chase, I da, Mary	Iand	53681	15gg	nsih	Avenue	
	23. PART I. Enter the diseases, or complications het enock, or heert fellure. Liet only one ceus	caused the deeth.	Do not er	nter tha mod	de of dying, auci	h ea cerdia	c or reepi	ratory er	rest,	Approxima	te
	IMMEDIATE CAUSE (Finel	e on each line.								Intervel Be Onset and	
	disease or condition a. Pneumo	nnia								3 Days	9
ı		OR AS A CONSEQUEN	CE OF):							1 201	
z	Stasis	3								Weeks	
은	Sequentially list conditions, If any, leading to immediate	OR AS A CONSEQUEN	CE OF):								
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	tia								Years	
E	thet initiated eventa DuE TO (C	R AS A CONSEQUEN	CE OF):								
CERTIFICATION	resulting in death) LAST									1	
	PART II. Other significant conditions contributing to d	eath but not social	alee te alee			I .					
DICAL	Part II. Other significant conditional continuously to d	eetii but not reeun	ung in the	e underlying	cause givan in	Part I. 24	Ia. WAS AN PERFOR		246.	WERE AUTOPSY FIN AVAILABLE PRIOR T	O
ă				·		1	YES 2	M NO	- 1	OF DEATH?	WSE
Σ						_ !				1 TES 2 N	0
Ż.	DID TOBACCO USE CONTRIBUTE TO CAU	ISE OF DEATH	YES [] NO 🛚	UNCERTAIN	4 🗆 📗					
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF		eck only one)							
IS!		ER/Outpatient 3 🗆 De			5 🗆 Residence	6 🗆 Other (S	Specify)				
H	27. MANNER OF DEATN 26s. DATE OF IN (Month, Day,	(JURY 28b	TIME OF	26c. INJU WOI		28d. DESCR	IBE NOW I	NJURY OC	CURED		
B	1XX Natural 5 Pending 2 Accident Investigation				ES 2 NO						
n n	3 Suicide 8 Could not be 28e. PLACE OF building, al	INJURY At homs, 1e c, (Specify)	erm, atrest,	tactory, office		28f. LOCATI	ON (Street a	nd Numbe	r or Rural A	oute Number,	
	4 Nomicide distermined					0.1, 0.	own, oldio,				
ا ي	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of m	y knowledge, death or	ccurred at t	he time, data	and place, and due	to the causei	(e) and man	ner ee ete	ted		
COMPLETED	one) 2 MEDICAL EXAMINER: On the bests of exs									and menner as sta	ted.
	290. SIGNATURE AND TITLE OF CERRIFIED			7 . 30, 311				///			
띪	Madente /2 - 16/			1	29c. LICENSE NUN	IBER	Ì			(Month, Day, Year)	
ဥ 🖟	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH #====	/W		D02338			Se	ptemb	per 14,	1994
					11200		_				
	Richard P. Delaney, M.D., 9 31. DATE FILED (Month, Day, Year) 9 32. REDISTRAR	SOUL Georg	gia A	venue	#109, S	ılver	Spri	ng, l	Maryl	and 209	902
	SEP 1 6 1994 Julia Davidson	S SIGNATURE									

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	d in by the funeral director, page 5 should be detached for use as the burial-trans or removal.	medical examiner must be notified at once.
30.	wit	pletery fille cremation,	ent, the
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL	TO THE FUNERAL be filed within 72 h	IMPORTANT: If I

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

							_							
- 1	1. DECEDENT'S NAME (First									2. DATE OF MONTH	DAY		YEAR	3. TIME OF DEATH
			LEE OFF						\rightarrow	Sept.		1994		11:45 A.M
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. las	si birthday) :	IF UNDER	DAYS	HOURS	R 24 HRS. MIN.	7. DATE OF (Month, E	Dev. Year)		Country	
	218-24-0230		,	66	THS.					June	24.	1928		ryland
œ	-3		III o yes allesey						ON OF DE	ATH			NTY OF O	
DIRECTOR	Frederick		Care Ce	nter			Fred	leric	k			Fr	eder	ick
Ĕ	10e. STATE	10b. COUNT	Υ .		10c. CIT	Y, TOWN OR LOCATION 10d. INSIDE (LIMITS)					10d. INSIDE CITY			
6	Maryland	F	rederick			Walk	ersv	ille						1)X YES 2 NO
FUNERAL	10e. STREET AND NUMBER						101	f. ZIP COD	E			10g. CITI	ZEN OF W	HAT COUNTRY?
E	10210 G1	ade Ro	ad					2	1793			Uni	ted	States
5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1							IIC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indien, White, etc.
BY	1 Never Married 2 3 Wildowed 4 Div		IF YES, GIVE V						Specify:		an, etc.)			White
道	15. DEC (Specify on	CEDENT'S EOU	CATION completed)	(G	CEDENT'S	work done	during mo		ng	16b, K	IND OF BUSI	NESS/INC	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	life.	Nur	se retired.)			•		Heal:	th C	are	
Ž	17. FATHER'S NAME (First, A	Aiddle Lent			1141	50			115710 4111	45 45			are	
BE CC	Joseph M		pson								idle, Melden S Hobacl			
	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Numbe	r or Rural A	Route Number,	City or Town,	State, Zip	Code)	
2	Jane Marie	Angle	berger	8	3504	Ladd	ie C	Court	Wa	lkers	ville	, MD	21	793
	20e. METHOD OF DISPOSIT	on 3 🗆 Rem	noval from State	206. PLACE cemetery, cri	AND DATE	of Dispos	SITION (Na	ame of	0	1	20c. LOC			wn, State Maryland
	21. SIGNATURE OF FUNERA		CENSEE	110. 1	Tope									Homes, P.A
	1 Jan	- L	! Sar	od										, MD 21702
- 11			b.	(OR AS A CONSE	OUENCE O	F):								
LIFICATION	Sequentially list conditions, lasting to immediate. Enter UNDERLY CAUSE (Disease or Injuthat initiated events.)	odiate /ING ury	C	(OR AS A CONSE	OUENCE O	F):								
	if sny, lasding to imme cause. Enter UNDERLY CAUSE (Disease or Inju	odiate VING ury	c. DUE TO				nderlyln	g cause	given in i	Part i. 2	4a. WAS AN A		24b.	WERE AUTOPSY FINDINGS
MEDICAL	If any, laading to imme cause, Entar UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	odiate VING ury	c. DUE TO				nderlyln	g cause	given in i		4a. WAS AN A PERFORM	MEO?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
MEDICAL	If sny, lasding to imme cause. Entar UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS	ediate // ING ury ST	c. DUE TO							_ 1	PERFORM	MEO?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	If siny, lasding to imme cause. Entar UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS PART II. Other significations.	ediate // ING ury ST	d	death but not o	resulting	in tha ui	26. PI				PERFORM	MEO?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	If sny, lasding to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS PART II. Other significations. 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO	ediate // ING ury ST	c	death but not of	resulting	OTHE 4 Nu	26. Pi R: raing Horr	LACE OF D	DEATH (Che	eck only one) 8 Other (3	PERFORM YES 2 [MEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	If any, laading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS PART II. Other significations of the cause of t	ediate // ING ury ST	d	death but not de	resulting	OTHE 4 Nu	26. Pi Fit: raing Horr 28c. INJ WC	LACE OF D	DEATH (Che	eck only one) 8 Other (3	PERFORM	MEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
TED BY PHYSICIAN: MEDICAL CERTIFICATION	If any, laading to imme cause. Entar UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS PART II. Other significations of the cause of t	ediate ING	C. DUE TO d	death but not de	P DOA 28b. TIN	OTHE	26. Pi Fi: rsing Horr 28c. INJ WC	LACE OF E	DEATH (Che	8 Other (3	PERFORM YES 2 [JURY OCC	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	If any, laading to imme cause. Entar UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS PART II. Other significations of the cause of t	ediate ING ING ING ING ING ING ING ING ING ING	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D) 28e. PLACE C building,	death but not of the state of t	DOA 28b. TIM IN.	OTHE 4 Number of BURY M	26. Pi R: rsing Horr 28c. INA WC 1 ttory, office	LACE OF E	DEATH (Che esidence NO NO NO NO NO NO NO NO NO NO NO NO NO	BC Other (state of the course	PERFORM YES 2 [Specify] RIBE HOW IN. ION (Street en Yown, State)	MEO? NO NO NO NUMBER Number	CURED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, laading to imme cause. Entar UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS PART II. Other significations and the cause of	Pending Investigation Could not be determined HTTFYING PHYS	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D. 28a. PLACE C building.	ER/Outpetient 3 INJURY — At hotel. (Specify) Implementation end/or	POOD DOA 28b. TIN IN. Dome, farm, investigation	OTHE 4 Number of Street, fac	26. Pi R: rsing Horr 28c. INA WC 1 ttory, office	LACE OF E	DEATH (Che esidence NO NO NO NO NO NO NO NO NO NO NO NO NO	BCK only one) B COther (S 281, LOCATI City or to the cause time, date er	PERFORM YES 2 [Specify] RIBE HOW IN. ION (Street en Yown, State)	JURY Oct	CURED or Rural F	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO
PHYSICIAN: MEDICAL	If any, laading to imme cause. Entar UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS PART II. Other significations are sufficiently as a signification of the cause of the	Pending Investigation Could not be determined PHYS DICAL EXAMINE OF CERTIFIE	DUE TO d. BE contributing to HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D.) 28a. PLACE Cobuilding. ICIAN: To the best of e	death but not of the state of t	Power farm,	OTHE 4 Number of JURY M street, fac	26. Printing Home 28c. INC. INC. INC. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc	LACE OF I	DEATH (Che esidence NO NO No No NO NO NO NO	ack only one) 8 Other (: 28d. OESC! 28t. LOCATI City or to the cause time, date er	PERFORM YES 2 [Specify] RIBE HOW IN. ION (Street en Yown, State)	JURY OCC	or Rural F	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number,



FOR

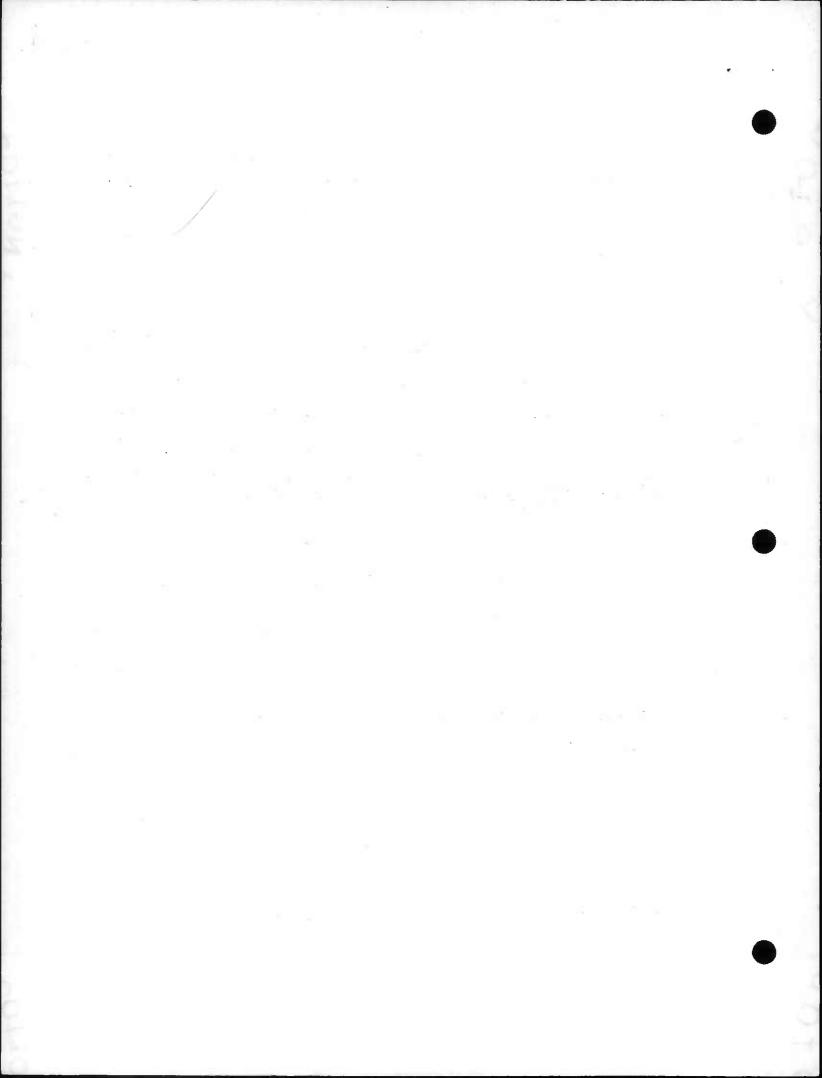
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	On the Or the	CE				DEAT		REG.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEAT	Н		3. TIME OF DEAT	Н
()	Etta Vir	ginia		Ow	ens				Septembe	r 15.	1994	1:20	Ри
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7 DATE OF BIRTH		8. BIRTH	IPLACE (State or Fo	-
	218-24-6670	1 □ M 2 反 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Yea Feb 14,	1912	Vi	rginia	
NC.	9e. FACILITY NAME (If not institution, give Bayside Nursing	street end number) Center	***		96. СІТУ Lex	town o	on F	on of DE		9c. CC	Mar	EATH	
5	RESIDENCE OF DECEDENT												
DIRECTOR	Maryland St. M	lary's			y, town o lley							10d. INSIDE CITY LIMITS? 1 YES 2	
FUNERAL	100. STREET AND NUMBER Rt. 244, Box 183						ZIP CODE 20692				S.A.	VHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 NO			II yes, spi	CENDENT OF HISPANIC ORIGIN? (Specify Yee or No- pecify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — Americe Bleck, White, etc. Specify: White					c, White, etc.	on,
8	15. DECEDENT'S EDU (Specify only highest grad	JCATION	16a. DEC	EDENT'S	USUAL O	CCUPATIO	N st of workin	_	16b. KIND OF	BUSINESS/I	NDUSTRY		
COMPLETED	Elementery/Secondery (0-12) 5th Grade	College (1-4 or 5+)	life.	Do NOT u	se retired.) aker	auring mo:	st or workin	9	Hom	е			
BE CON	17. FATHER'S NAME (First, Middle, Last) Samuel	James	Ward	d				IER'S NA	ME (First, Middle, Ma Vict			Corder	
TO B	19a. INFORMANT'S NAME (Type/Print) Beatrice I. Chapp	æl	19b. R1	MAILING	ADDRESS	S (Street a	nd Number 183 ,	or Rural P Val	ley Lee,	Town, State,	zip Code) 20692		
	20e. METHOD OF DISPOSITION	novel from State	20b. PLACE A	ND DATE	OF DISPOS	ITION (Ne	me of		DATE 200	LOCATION -	— City or To	wn, State	
	1 \text{\text{Sturies}} 2 \text{\text{Cremetion}} 3 \text{\text{Removal from State}} \\ 4 \text{\text{Donotion}} 5 \text{\text{Other}} \((Specify) \) \\ St. George Episcopal Cem. 9/19/94 Valley Lee, Maryland												
	21. SIGNATURE OF FUNERAL SERVICE LI	CENGER,	1		22.	NAME AN	D ADDRES	S OF FA	diner Fu				
	Machanila	Land	min									•	
	P.O. Box 270, Leonardtown, Maryland 20650 23. PART/I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
	ahock, or heart failura.	•										Onset and	
	disease or condition resulting in death)	ME	50174°	521	OME	1.	R)	C	CONG.				
	rooding in dealing	DUE TO (OR AS A CONSEO	UENCE O	F):								
Z	Sequentially list conditions,	b. /2t	ountr	7	PL	EV/	de	F	Presm				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING												
임	CAUSE (Disease or Injury	c. DUE TO (OR AS A CONSECU	DENCE D	FI.	·	125					-	
Ē	that initiated eventa reaulting in death) LAST	C. Mr.	myc 0	5051	nucy	702	no	ian	May A	18675	6	į	
		u										_+	
EDICAL	PART II. Other significant condition	ns contributing to d	death but not re	aulting	in the ur	derlying	g cause g	liven in		S AN AUTOPS	Y 24b	. WERE AUTOPSY FI	
8									1 _ YE	S 2 NO		COMPLETION OF CO	AUSE
M						_						1 - YES 2 - N	10
PHYSICIAN:	DID TOBACCO USE (CONTRIBUTE	TO CAUSE	E OF	DEAT	_		NO					
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only one)				
Ι¥S	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2						sidence	8 Other (Specify)				
	1 Natural 5 Pending	28e. DATE OF II (Month, Day		28b. TIN	JURY		RK?		28d. DESCRIBE H	OW INJURY C	CCURED		
B	2 Accident Investigation	280 DI ACE OF	INJURY — At hon				rES 2	NO					
TED	3 Suicide 8 Could not be 4 Homicide determined	building, e	itc. (Specify)	no, tarm,	street, fact	ory, office			281. LOCATION (St City or Town, S	reet end Numl itate)	per or Rural I	Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 X CERTIFYING PHYS											i) and menner ee st	tated.
	296. SIGNATURE AND TITLE OF CERTIFIE	R	0 0		//		29c. UCE	NSE NUN	MER	29d, D.	ATE SIGNED	(Month, Day, Year)	
) BE	Sif	2/	065	-/	X		A	17/	2	•	9/1	5/90	ſ
٥	30. NAME AND ADDRESS OF PERSON WI Gil De Los Reyes,		E OF DEATH (ITEM	6				710			//	1/4	
			'S 9IGNATURE	0	LIOTT	ywoo	a, M	aryl	and 206	36			
	SEP 16 199	4 July Da	wedson-Man	dall									1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with norms after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit is filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760



1 - STATE REGISTRAR		SIAIE UF N	MARYLAND /		ICATE				MENIAL H	YGIEN EG. NO.	E		
1. DECEDENT'S NAME (First	t, Middle, Last)					-		-	2. DATE OF I	DEATH			3. TIME OF DEATH
			or , Sr						Septe	nber	12,	1 9 9 4	6:00 P _M
4. SOCIAL SECURITY NUMBER 1062-07-862	2	5. SEX 1 📉 M 2 🗌 F	6. AGE (In yrs. la 84	st birthday) YRS.	MONTHS	DAYS	IF UNDER	24 HRS.	7. DATE OF B (Month, Day dec.	2 7 ,	1909	Country	PLACE (State or Foreign celand
9a. FACILITY NAME (If not in	nstitution, give stre	et and number)			9b. CITY,	TOWN C	OR LOCATI	ON OF DE				NTY OF DE	
Kensington		Rehab.	Center		Kens	ing	ton				Mon	tgome	ery
RESIDENCE OF DEC	106. COUNTY			10c, CIT	Y, TOWN OF	R LOCAT	TION	-					10d. INSIDE CITY
MD	Mont	gomery			Rockv								YES 2 NO
100. STREET AND NUMBER 5100 Maco							2085				_		States
11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. AI	MED	13. W	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (Sp	pecify Yea	or No-	14. RACE	— American Indian,
1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE W	YES 2	NO			2 X NO	n, Maxica Specify	n, Puarto Rican v:	, atc.)		Specif	White, atc. White
	EDENT'S EDUCA by highest grade co		10	live kind of v	USUAL OC	CUPATIO	ON est of working	ю	16b. KINI	D OF BUS	INESS/INI	DUSTRY	
Elementary/Secondary (4	0-12)	College (1-4 or 5	life	Sale:	se retired.)			•	В	onds	Clo	thing	5
17. FATHER'S NAME (First, M Martin O'Co							18. МОТІ De	elia	ME (First, Middle O'Cont	nor	Sumame)		
19a. INFORMANT'S NAME (1) Thomas Par		Connor,	Jr.						Route Number, C				234
20a. METHOD OF DISPOSIT 1 X Buriel 2 Cremetic 4 Donation 5 Other	on 3 🗆 Ramov	al from State	20b.PLACE cemetery, cri Gate					16/9	DATE 4			City or Too	
21. SIGNATURE OF UNEFIA	L SERVICE KIDE	ISEE					ND ADDRES						
Dorws	N. 1	Frank							Funera pshire			ver S	pring MD
23. BART I. Enter tha d	liseases, Dr co	mplications tha	t caused tha d	eath. Do r	not enter t	the mo	de of dyl	ng, auc	h aa cardlac	or reapi	retory ar	reat,	Approximate
iMMEDIATE CAUSE (Fit disease or condition resulting in death)			ebral Me		ases								Oneat and Death 3 Months
resulting in death)	a.,	DUE TO	(OR AS A CONSE	QUENCE O	F):								
Sequentially list condit	lona. 6.		er of L										3 + Mos.
If any, leading to Imme cause. Enter UNDERLY	diate	DUE TO	(OR AS A CONSE	OUENCE OI	F):								
CAUSE (Disease or Injuthat initiated events		DUE TO	(DR AS A CONSE	OUENCE OF	F):								
reaulting in death) LAS	ot d.												
PART II. Other algnifica	ant conditiona	contributing to	death but not	reaulting	in the und	derivino	n cause o	ilven in	Part i 24a	WASAN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
Cancer									liam	PERFOR	MED?	240.	AVAILABLE PRIOR TO COMPLETION DF CAUSE
Past his					ılcer					YES 2	(XNO		DF DEATH?
DID TOBACCO U	ISE CONTRI	BUTE TO CA	USE OF DEA	TH YE	S 🗆 N	10 [UNC	ERTAIN	V 🗆				
25. WAS CASE REFERRED T EXAMINER?	_	HOSPITAL:	26. PLA	CE OF DEAT	OTHER								
t TYES 2 THO		☐ Inpatiant 2 ☐	ER/Outpatlant	-	4 Nursi	Ing Hom		aldenca	8 Other (Spe	ecify)			
	Pending Investigation	28a. DATE OF (Month, D		28b, TIM INJ	E OF JURY M	28c. INJI WO 1 🔲 Y	RK?] NO	28d. DESCRIB	E HOW II	JURY OC	CURED	
3 Suicide 8	Could not be datarmined	28s. PLACE O building,	F INJURY — At he etc. (Specify)	ome, farm, a	street, facto	ry, office			28t. LOCATION City or Tox	N (Street a vn, State)	nd Numbe	r or Rural A	oute Number,
29a. CERTIFIER	TIFYING PHYSICIA	AN: To the best of	my knowledge, de	ath occurre	ed at the tin	ne, data	and place,	and dua	to the cause(a)	and man	ner as ata	ted.	
one) 2 MED	ICAL EXAMINER:												and manner as stated,
296. SIGNATURE AND TITLE	12	R-,	In D				29c. LICE		1193			E SIGNED	(Month, Day, Year)
Dr. Sidney						na1	Lane	, Ro	ckvill	.e, N	íD 2	0852	
SEP 1 6 19	94 Ju	32. DEGISTRA	R'S SUNATURE	2				-				•	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the flow in the flow of t BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 Is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR CERTIF	RIMENT OF I	HEALTH AND	MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH
	Janet	Sue		PFEI	L	September	14,199	1:15p M
		1000	In yrs, last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	T DATE OF BURTH	0.8	HRTHPLACE (State or Foreign
	232-74-1835	1 - M 2 OCF 19	YAS.	MONTHS DAYS	HOURS MIN.	Feb. 23,	1945 8	West Virginia
	9e. FACILITY NAME (If not institution, give stre	eet and number)		9b. CITY, TOWN	OR LOCATION OF DI		9c. COUNTY O	OF DEATH
OR	R. Adams Cowley	Shock Trauma	a Ctr	Balt	cimore Ci	.ty		
5	RESIDENCE OF DECEDENT		1					
DIRECTOR		ederick	10c. CIT	Y, TOWN OR LOCA	hurmont			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 11127 Old Freder	ick Road	-	10	21788		10g. CITIZEN	S.A.
N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DE	CENDENT OF NISPAI	NIC ORIGIN? (Specify Yes	or No- 14, F	RACE — American Indian.
	1 Nover Merried 2 Married	FORCES? 1 YES	2 NO	If yes, s		in, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: White
В	3 Widowed 4 Divorced			1	Jane Space	y.	1	specify. WILL GE
ED	15. DECEDENT'S EDUCA (Specify only highest grade of		18a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KINO OF BU	SINESS/INDUSTR	RY
H	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT u	se retired.)	ost or working	7.3.24	Sahaai	Contam
MP		5	Teach	er		Public	: Denool	l System
BE COMPLETED	17. FATNER'S NAME (First, Middle, Last) Emil A. Wheatley	•				ME (First, Middle, Malden ee Marie Va		ie
TO B	19a. INFORMANT'S NAME (Type/Print) William D. Pfeil		19b. MAILING	7 Old Fr	and Number or Rural	Route Number, City or Tow Road, Thur	m, State, Zip Code	d. 21788
		205	PLACE AND DATE				CATION — City of	
	20s METHOD OF OISPOSITION 1	val from State Res Cr						ederick, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE				NO ADDRESS OF FA	-		
	Subail C	C. Basfor	M00021			Basford Fu		
- 1	23. PART I. Enter the diseases, or co	omplications that caused	the death, Do	not enter the m	ode of dying, auc	h es cardlec or resp	iratory erreet,	
	shock, or heart failure. Li iMMEDIATE CAUSE (Finei	omplications that faused ist only one cause on as	the death, Do inch line.	not enter the m	ode of dying, auc	h es cardiec or resp	iratory erreet,	Approximete intervai Between Onset and Death
	shock, or heart failure. Li iMMEDIATE CAUSE (Fine) disease or condition	ist only one cause on as	ich lina.					interval Between
	shock, or heart failure. Li iMMEDIATE CAUSE (Fine) disease or condition	omplications that faused list only one cause on as Brian Death DUE TO (OR AS A	sch ilna. n Second	ary to	Intracere	ebral Hemor	rhage	interval Between
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BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attenuing physician TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burish be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notitled at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

SEP

32. REGISTRAR'S SIGNATURE Randall

BE COMPLETED

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J	is that the death certificate be executed within burs after death. Page 6 may be retained by the hospital or attending physician.	by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit, Page 11 and Mental Hydiene prior to bunal-cremation or removal	s any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND (/ DEPAI ERTIF					MENTA	AL HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle, Last)				.0/1/		DEA	-	2. DAT	E OF DEATH	_		3. TIME OF DEA	TM
	John Thomas Price								MON	TH D/		YEAR		
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	ast hirthday)	IF UNDER	R 1 YEAR	IF UNDER	24 6400		Ly 27	, 199		13:20	
	220-26-7718	1 M 2 G F	83	YRS.	MONTHS	DAYS	HOURS	MIN,	(Mon	ith, Day, Year)		Country		oreign
2	9a. FACILITY NAME (If not institution, give		- 00		A) 0177					: 1,19			yland	
Р ІВЕСТОВ	16-		- l- n-	.7		r, TOWN O						NTY OF DE		
읝	Box 908 Thomp	son cre	ек коа	ia	St	eve	nsvi	_ <u> </u>	=		Que	een .	Anne's	
Ä	10e. STATE 10b. COUNT	Υ		10c. CIT	TY, TOWN C	OR LOCAT	ION				_		10d. INSIDE CITY	Y
5	Maryland Que	en Anne	's	St	teve	nsv	ille	2					LIMITS?	1 NO
	10s. STREET AND NUMBER						ZIP CODE				10a, CITI	ZEN OF W	HAT COUNTRY?	140
BY FUNERAL	Box 908 Thomp	con Cro	ok Boo	ā			21	ccc	_		49.5			
3	11. MARITAL STATUS	12. WAS DECEDEN			13	WAS DECI		666		IN? (Specify Yes	U .	S.A	American Indi	
	1 Never Married 2 Harried	FORCES? 1 IF YES, GIVE W	YES 2	NO		if yes, spe	cify Cuba	n, Mexica	in, Puerto	Rican, etc.)	01 NO-	Black	, White, atc.	
	3 Widowed 4 Divorced	Nat'l.	Guard	ofii		1 TYES	2 KN NO	Specify	y:			Specif	w Whit	.e
8	15, DECEDENT'S EDU (Specify only highest grade	CATION	16a. DI	ECEDENT'S	USUAL O	CCUPATIO	N		16	b. KIND OF BUS	SINESS/IND	DUSTRY		
Hi I	Elementary/Secondary (0-12)	College (1-4 or 5	lide	Sive kind of a. Do NOT u	work done	during mos	it of workin	9		State	Hic	thwa	y Admi	n.
를	12	2	<i>'</i>	y.Er	ngin	eer	Ass	oci	ate		3	,	<i>j</i>	
COMPLETED	12 Hwy. Engineer Associate 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)													
BE C	John Thomas P	rice					Ka	tie	Fi	nlev	y Bright			
	19e, INFORMANT'S NAME (Type/Print)		19	b. MAJLING	ADDRESS	S (Street ar	od Number	or Burnt I	Ocurto Mun	abas City as Town	- Chata Yin	Carlot		
5	Mrs. Evelyn Q	. Price		Box	908	Tho	omps	on	Crk	ke Rd	St	eve	nsvill and 21	e
	20a. METHOD OF DISPOSITION	F-31-1/3-1	20b. PLACE		_		_				IVI 2	rv_{i}	and 11	666
	1 September 2 ☐ Cremation 3 ☐ Rem	loval from State	Stev	ematory or o	ther place)		- m - 4	Jul	у 3	5,199	4			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	LSIEV	ensi	22.	NAME AN	D ADDRES	S OF FA	CILITY				le, Md	
	* Ky for	2/101	1	-	T	om I	Helf	enb	ein	Fune	ral	Home	es, P.	Α.
	mon y.	y y	enfre	~	1	06 5	Sham	roc	k R	d., C	hest	er,	Md. 2	161
	23. PART I. Entar the diseases, or shock, or heart failure.	complications that List only one cau	t caused tha de se on each line	eath. Do i e.	not enter	the mod	la of dyl	ng, suci	h as car	diec or respi	ratory arr	est,	Approxim	
1	IMMEDIATE CAUSE (Final	~ ~											Onset and	
	disease or condition resulting in deeth)	. Wali	gnant	140	nph	omo	2.0	Art	use	12546	000	Н	180	noj
	disease or condition - Malignant lymphoma, diffuse large cell 8 mos													
Z	Sequentially list conditions,	· (Y)etz	STIC TO	ا ا	ngs	•								
Ĕ	If any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F): U									
TIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	c												
# 1	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):									
resulting in death) LAST d														
	PART II. Other significent condition	s contributing to	daath but not a	resulting	In the un	derivina	cause o	lven in	Part I.	24a, WAS AN	ALITTOPSV	24b	WERE AUTOPSY FI	PARIAMER
₫										PERFOR			AVAILABLE PRIOR COMPLETION OF C	TO
							-		_	1 YES 2	□ NO		OF DEATH?	37000
Σ													1 YES 2 1	NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					00.5	05.555							
泛	EXAMINER?	HOSPITAL:			OTHER	3:	CE OF DE							
₹	1 YES 2 NO 27. MANNER OF DEATH	1 Inpstient 2			4 🗆 Nun	ing Home		sidence		or (Specify)				
d	1 Netural 5 Pending	26a. DATE OF (Month, De		26b. TIM INJ	IURY	28c. INJU WOR	RK?		28d, DE	SCRIBE HOW IN	LJURY OCC	CURED		
À	2 Accident Investigation				М	1 🗌 YI	ES 2 🗌	NO						

1 | YE\$ 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpstient 2 | ER/Outpatient 3 | DOA OTHER: 5 Residence 8 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO 3 Suicide 26s. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) S Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

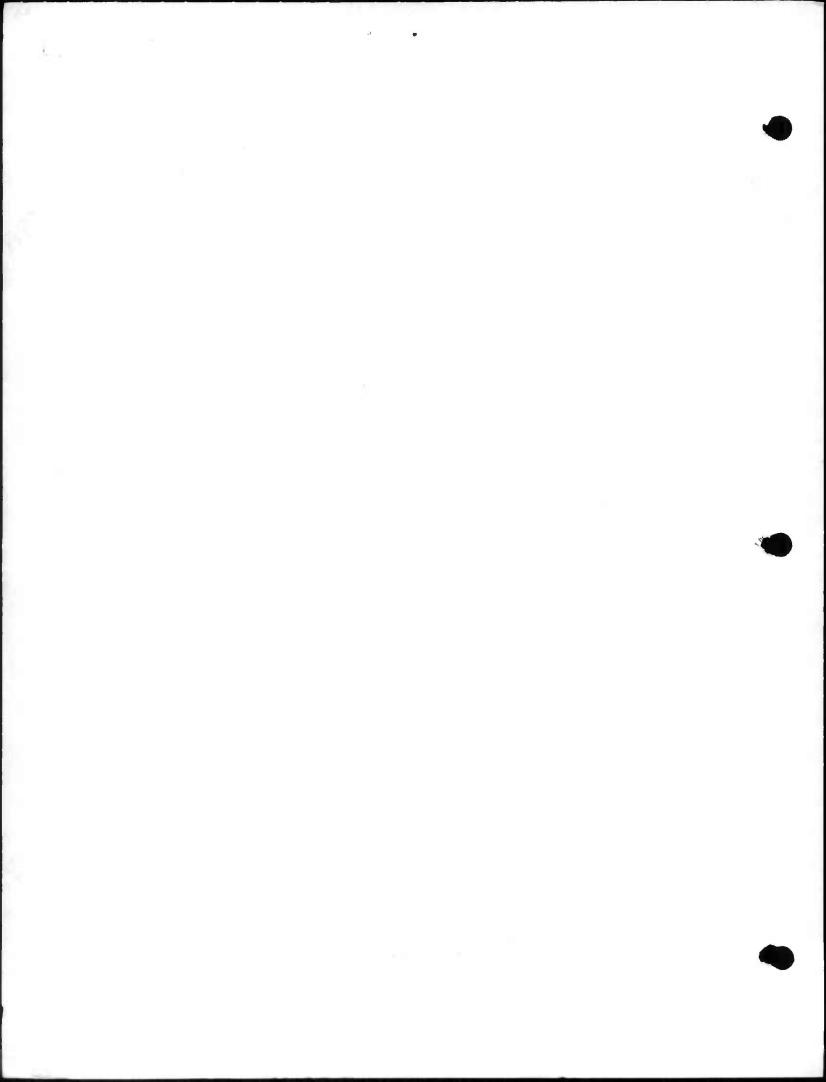
29a. CERTIFIER (Check only one) 1 XCERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, end due to the cause(e) and manner ee stated.

MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(a) and manner as stated.

9b. SIGNATURE AND TITLE OF CERTIFIER	DAAA65	29d. DATE SIGNED (Month, Day, Year) 2 - 28 - 9 4

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ann 900 assey M.T

31. DATE FILED (Month) 32. REGISTRAR'S SIGNATURE £ 29 1994



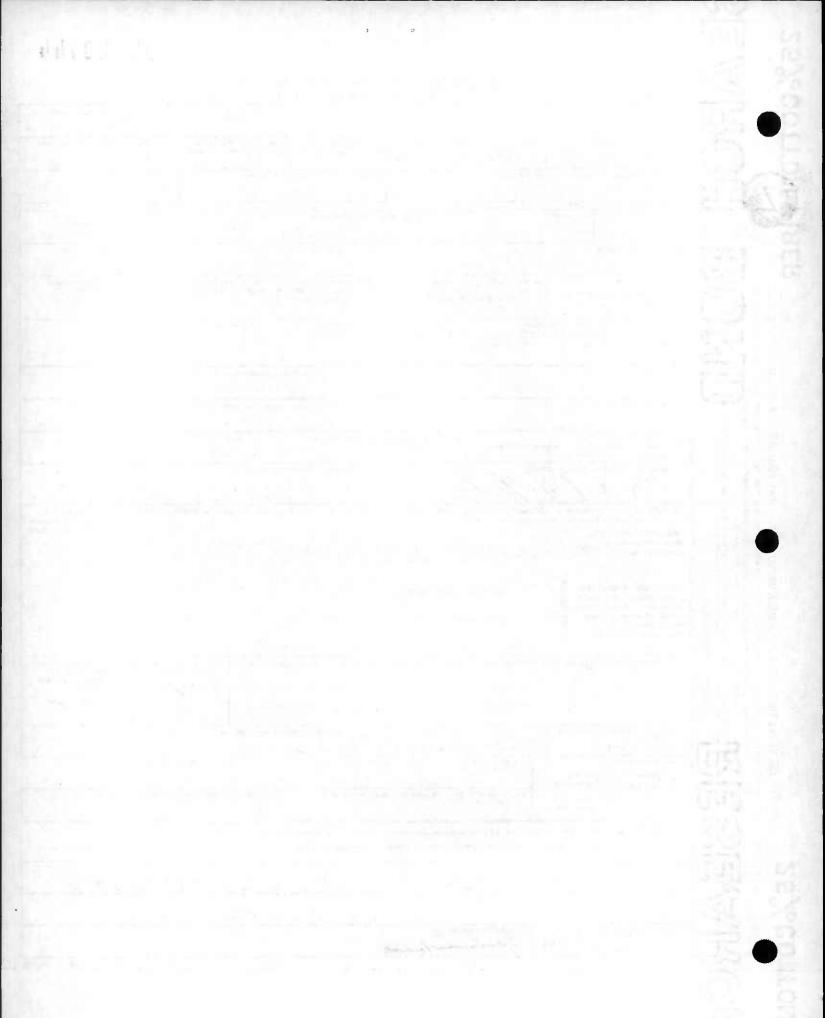
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)		ERTIFICAT	IE OF L	DEATH	REG	. NO.		
					2. DATE OF DEA	TH	3.	TIME OF DEATH
Howard Wardell	Pumphrey				Лист 1	7 . 1994	YEAR	2:10A.
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. le	st birthday) IF UNI		IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Ye	TH ser)	8. BIRTHPL Country)	ACE (State or Foreign
9e. FACILITY NAME (If not institution, give street			TV TOWN OR	LOCATION OF DI		7,1920	Ma TY OF DEAT	ryland
604 Pumphrey F RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Anne				rsvill				undel
10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATIO	N			10	INSIDE CITY
	Arundel	Mil	lersv		·			LIMITS?
10e. STREET AND NUMBER 604 Pumphrey F 11. MARITAL STATUS 1 Never Married 2 57 Married	arm Road			21108			S.A	AT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	RMED NO	13. WAS DECEN	DENT OF HISPAN	NIC ORIGIN? (Speci nn, Puerto Rican, et y:	Ify Yea or No-	14. RACE — Black, V	American Indian, white, atc. White
15. DECEDENT'S EDUCAL (Specify only highest grade co Elementary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, Last) Charles G. Dum	ompleted) (C	ECEDENT'S USUAL Give kind of work do. Do NOT use retired	ne during most (d.)	of working		lf-emp		7
17. FATHER'S NAME (First, Middle, Last)		rarme.		MOTHER'S NA	ME (First, Middle, M		rove	<u>a</u>
Charles G. Pum	phrey				Rebecc		klin	
190. INFORMANT'S NAME (Type/Print) Mrs. Elaine Pu					Route Number, City o			le, Md.
20a. METHOD OF DISPOSITION 1	20b.PLACE cemetery, cn	AND DATE OF DISP	POSITION (Name	of	0.75	a LOCATION C	Marian Torres	•
21. SIGNATURE OF FUNERAL SERVICE LICEN)	TOM H	elfenb	ein Fu	neral 1	Home	re, Md. s, P.A. d. 21619
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	DUE TO (OR AS A CONSE		ple,	myelo	ma			Years
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		OUENCE OF):					7	
if any, leading to immediate	DUE TO (OR AS A CONSE							
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST PART II. Other significant conditions	DUE TO (OR AS A CONSE	QUENCE OF):	underlying o	cause given in	PE	AS AN AUTOPSY ERFORMED? ES 2 NO	AN CC OI	ERE AUTOPSY FINDINGS BILABLE PRIOR TO DMPLETION OF CAUSE DEATH? YES 2 NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST PART II. Other significant conditions	DUE TO (OR AS A CONSE	QUENCE OF):			1 □ Y	RFORMED?	AN CC OI	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST PART II. Other significant conditions	DUE TO (OR AS A CONSE	resulting in the	28. PLAC	CE OF DEATH (Ch	PE 1 Y	ERFORMED?	AN CC OI	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST PART II. Other significant conditions	DUE TO (OR AS A CONSE	resulting in the	28. PLAC IER: Yursing Home	E OF DEATH (Ch	PE 1 Y	PERFORMED? YES 2 D NO	AV CC OI	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TO 27. MANNER OF DEATH Netural 5 Pending	DUE TO (OR AS A CONSE	resulting in the	28. PLAC	S Sesidence	PE 1 Y	ERFORMED?	AV CC OI	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending	DUE TO (OR AS A CONSE	resulting in the	28. PLAC	S Sesidence	PE 1 Y Neck only one) 8 Other (Specification DESCRIBE in	PRES 2 NO Y) HOW INJURY OCCI	AV CC OI 1	MILABLE PRIOR TO MAPLETION OF CAUSE POEATH? YES 2 NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant conditions of the con	DUE TO (OR AS A CONSE Contributing to death but not HOSPITAL: Inpetient 2 ER/Outpatient : 28e. DATE OF INJURY (Month, Day, Vear) 28e. PLACE OF INJURY — At houliding, stc. (Specify) AN: To the best of my knowledge, defining the contribution of the con	resulting in the 3 DOA OTH 4 NOTH 28b. TIME OF INJURY M ome, ferm, street, f	28. PLAC IEFI: vursing Home 28c. INJUR WORK 1 YEs lactory, office	5 Desidence 7 AT 2 No	eck only one) 8 Other (Specification (Specificatio	PRES 2 NO Y) HOW INJURY OCCIONATE AND NUMBER OF Street and Number of Street and Number of Street and Mumber of S	AN CO OI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MALABLE PRIOR TO MAPLETION OF CAUSE FORTH? YES 2 NO NO Number,
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant conditions of the con	DUE TO (OR AS A CONSE contributing to death but not HOSPITAL: Inpatient 2 ER/Outpatient : 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At houliding, stc. (Specify)	resulting in the 3 DOA OTH 4 NOTH 28b. TIME OF INJURY M ome, ferm, street, f	28. PLAC IER: 28c. INJUR WORK 1 YEs factory, office we time, date en	5 Desidence 7 AT 2 No	28d. DESCRIBE I	PRES 2 NO V) HOW INJURY OCCI Street and Number of Stete) Indian memorial attack, and due to the	AN CCOORD	MALABLE PRIOR TO MAPLETION OF CAUSE FORTH? YES 2 NO NO Number,
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A CONSECUTIVE TO	resulting in the Total Doa OTH	28. PLAC IER: 28c. INJUR WORK 1 YEs factory, office we time, date en	SE OF DEATH (Ch. 5 Desidence Y AT 7 2 No	28d. DESCRIBE I	PRES 2 NO V) HOW INJURY OCCI Street and Number of Stete) Indian memorial attack, and due to the	AMORED DIRED OF Rural Round d. Couse(e) et	MALABLE PRIOR TO DOMPLETION OF CAUSE FORTH? YES 2 1000 New Number,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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BALTIMORE, MARYLAND 21	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for i
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	the	the
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Dist. ir attending physician. use as the burial-transit per 215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a float death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY DUVELCIAN: MEDICAL CERTIFIC

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF H	EALTH AND I	MENTAL HYGIEN			
	DECEDENT'S NAME (First, Middle, Lan. DOLL) A. SOCIAL SECURITY NUMBER 219-34-9427	S. SEX S. AGE (sucre-	UNDER I YEAR	IF UNDER 24 HRS.	2. DATE OF GEATH DATE OF BIRTH	3 92	BIRTHPLACE (State or Foreign	
DIRECTOR	9a. EACILITY NAME (If not institution, give	tos Pital			Apr 7, 1908 Maryla TY, TOWN OR LOCATION OF DEATH Leonardtown St-Mar				
_	Maryland St.	Mary's		Lexing	ton Park	<u> </u>	Las orizen	10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🎮 NO OF WHAT COUNTRY?	
FUNERAL	1500 Great Mills	Road			20634		U.S		
E E	TI. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCEST 1 1 YES IF YES, GIVE WAR OR DA	2 X NO	if yes, spe	ENDENT OF HISPAN Helfy Cuben, Mexica 2 NO Specifi	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)		RACE — Americen Indien, Black, White, etc. Specify: Lack	
COMPLETED	15. DECEDENT'S ED (Specify only highest gree Elementary/Secondary (0-12)	OUCATION die completed College (1-4 or 5+)	16a. DECEDENT'S USU IGNe Aind of work the Do NOT use no Homemak	done during mod fined.)	N t of working	166, KIND OF BUS	SINESS/INDUST	RY	
BE CO	17. FATHER'S NAME (FINE, MICARI, LANS) UNKNOWN				Unkn				
2	19a. INFORMANT'S NAME (Type/Print) Gene Carter					Route Number, City or Town		20650	
137	20e. METHOD OF DISPOSITION 1	moval from State 20b.	PLACEAND DATE OF D	isposition (Na place) Cre	matory 9	0ATE 200. LO	cation – city exandri	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE I	Gardine Dardine	'n	22. NAME AN Matti P.O.	ngley-Ga Box 270	ardiner Fur Leonardto	neral H	Home, P.A.	
AIION	23. PART I Entar tha diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING	a. Oue to (on as a	the death. Do not each fine. Consequence of: Consequence of:				ratory arreat,	Approximata Interval Between Onset and Death	
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):						
MEDICAL	PART II. Other significant condition	ons contributing to death be	ut not rasulting in ti	he underlying	causa given in	Part I. 24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHTSICIAN:	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL		F DEATH YES		UNCERTAIN	N 🗵		^	
200	EXAMINER?	HOSPITAL: 1) inpatient 2 - ER/Outp	_ 01	THER:	5 🗆 Residence	6 Other (Specify)			
10	27. MANNER OF OPATH Natural 5 Pending Description		28b. TIME OF INJURY	M 1 Y	RY AT RK? ES 2 NO	28d. OESCRIBE HOW II	NJURY OCCURE	50	
בובה	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, term, stree	t, tactory, office		281. LOCATION (Street a City or Town, State)	ind Number or R	tural Route Number,	
COMPL		SICIAN: To the beat of my knowl IER: On the beele of examination						use(s) end manner sa stated.	
20 00	29H-TEIGHATHINE AND TITLE OR CERTIFIC	and h			29c. LICENSE NUN	IBER S	29d. DATE SIG	SNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON W William D. Boyd	HO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Prin	Leor	ardtown	Maryland	20650)	
	31. DATE FILEO (Month, Day, Year) SEP 16 199	32. REGISTRAR'S SIGNA	or-hardall						

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DIVISION OF VITAL RECORDS, P.O. BOX 86760	DALIIMORE, MARTLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 55 hours after their in the majorital or amending physician.	hours after death. Pager 6 may be retained by the hospital or attending physician.
TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeanit director, page 5 should be detached for use as the burnar-innest page.	ed in by the funeral director, page 5 should be detached for use as the burial-hangat perm
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or removal
IMPORTANT; it Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

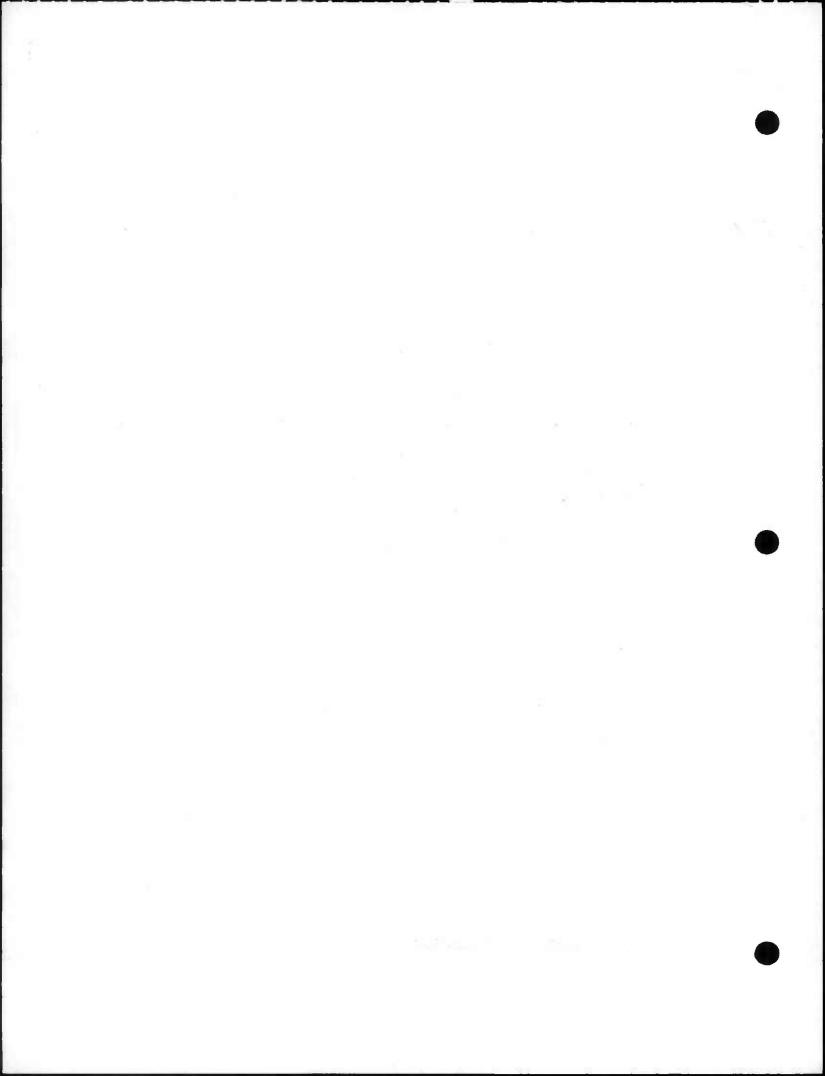
										(94	28746
	1 - FOR STATE REGISTRAR	STATE OF N	IARYLAND /	DEPAR	TMEN ICAT	T OF H	EALTH ANI	D MENT	AL HYGIEN	E		
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DAT	TE OF DEATH		3.	TIME OF DEATH
1	Stella Mae			Patt	erso	n		Ser	otember	"11,	1994	1510 M
		5. SEX	8. AGE (In yrs. las	t birthday)		R 1 YEAR	IF UNDER 24 HR	S. Z. DAT	E OF BIRTH		8. BIRTHPL	ACE (State or Foreign
- 8	513-22-7006	1 🗌 M 2 💢 F	85	YRS.	MONTHS	DAYS	HOURS MIN	4-0	9-1909		oklai	noma
	9e. FACILITY NAME (If not institution, give stre	el and number)			9b. CIT	Y, TOWN C	OR LOCATION OF	DEATH		9c. COU	NTY OF DEAT	ГН
NO.	Calvert Memorial	Hospita	al		P	rinc	e Frede	rick		Ca	lvert	
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY											
H	Maryland Calve	t				OR LOCAT					10	d. INSIDE CITY LIMITS?
0	10e. STREET AND NUMBER	T.C.		PIT	nce	_	erick					YES 2 NO
FUNERAL	905 Main Street					- 1	ZIP CODE				IZEN OF WHA	T COUNTRY?
H							0678			U.S		
3	1 Never Married 2 Married		YES 2X	MED IO	13.	If yea, spe	ecity Cuban, Max	clean, Puarte	GIN? (Specify Yea o Rican, aic.)	or No—	14. RACE — Black, W	American Indian, /hita, aic.
B	3 📉 Widowed 4 🗌 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	2 NO Sp	ecify:			White	2
Ω	15. DECEDENT'S EDUCA		16a, DE	CEDENT'S	USUAL	OCCUPATIO	DN .	10	6b. KIND OF BUS	INFSS/INF		
E	(Specify only highest grade co	College (1-4 or 5 +	(Gi	Do NOT u	work done se retired.)	during mo.	st of working					
7	Unknown	College (1-4 or 5 +		sewi	fe				Home			
8	17. FATHER'S NAME (First, Middle, Last)			_			16. MOTHER'S	NAME (First	, Middle, Malden	Surname)		
BE COMPLETED	George Washington	McAfee					Ethel			,		
9	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRES	S (Street a			mber, City or Town	n, State, Zip	Code)	
5	Coletta Fox (daugh	ter)	P	. 0.	Box	554	, Princ	e Fr	ederick	. Ma	rvland	20678
	29a. METHOD OF OISPOSITION 1A Burlei 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of comments) 20c. LOCATION — City or Town, State 20c. LOCATION — City											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE									nce .	rreder	ICK, FD
	bh Chi											s Island
_		M							lic, Ma			576
	23. PART i. Entar the disasses, or co shock, or hasrt failure. Li	mplications that at only one cau	caused tha de se on esch line	sth. Do i	not ente	r tha mo	de of dying, s	uch aa cs	or raspi	ratory an	reat,	Approximata interval Between
	IMMEDIATE CAUSE (Final	1		4	6					Onset and Desth		
	disease or condition resulting in death) a.	15/	tran	on preumonea						24 hrs		
- 1	disease or condition resulting in death) a. ASPURATION PRIUMONIA 24h. OUE/TO (OR AS A CONSEQUENCE OF): Wear URar											
8	Sequentially list conditions,										years	
ERTIFICATION	If sny, laading to immedista cause. Enter UNDERLYING	DOE TO	ON AS A CONSEC	WENCE U	r):							
윤	CAUSE (Disease or Injury that initisted avents	DUE TO	OR AS A CONSEC	UENCE O	F):					_		
토	resulting in death) LAST											ĺ
핑	d.											
AL	PART II. Other significant conditions	contributing to	death but not r	eaulting	In the 2	nderlying	cause givan.	jn Part I.	24a. WAS AN PERFOR			FRE AUTOPSY FINDINGS AILABLE PRIOR TO
음	- Caronic le	ympi	rocyt	10	Kle	ull	enuc	<u></u>	1 TYES 2		co	MPLETION OF CAUSE DEATH?
MEDICAL	Hyperteus	ov	/							/*		YES 2 NO
ž	DID TOBACCO USE CONTRI	BUTE TO CA	USE OF DEA	TH YE	S 🗆	NO D	UNCERT	AIN 🗆				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLAC	E OF DEA	<u> </u>							
SIC		HOSBITAL:	ER/Outpatient 3	□ 00A	OTHE 4 Nu		a 5 🗆 Raaldend	ca 6 🗆 Oth	her (Specify)			
둦	27. MANNER OF DEATH	28a. DATE OF (Month, Da		26b. TIM	E OF URY	28c. INJU	URY AT	26d. Di	ESCRIBE HOW II	JURY OC	CUREO	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(month, Da	y, rousy	1140	М		ES 2 NO					
	3 Suicide 6 Could not be	26a. PLACE OF	INJURY — At hor	ma, farm,	ntreel, fac	tory, office	1	26f. LO	CATION (Street a	nd Number	or Rural Route	e Number,
TED	4 Homicide datarmined	Juliani,	. (, and	ty or Town, State)			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of a	my knowledge, de	nth occurr	ed at the	time, data	and place, and a	due to the c	ause(a) and man	ner as stat	ed.	
M	one) 2 MEDICAL EXAMINER:											nd manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	6					29c. LICENSE I					onth, Day, Year)
8	Susan L	Pho	7/1-	MA		ĺ	MD	ノムコ	21	Þ 4	7/17/	GII
5	20 NAME AND ADDRESS OF REPSON WHO	CONTRI ETTE CONTR	my/	11	2		1111/2	7)6	\mathcal{L}		114	14

(Check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
one)	2 MEDICAL EXAMINED: On the basis of exemination and/or immediation in an exploration death and of the basis of exemination and/or immediation in an exploration death and or immediately

Susau	H				MO	
30. NAME AND ADDRESS OF PERSO	OHW NO	COMP	LETEO CAUSI	OF OEATH	(ITEM 27) (Type, I	Pr

SEP 16 1994

32 REGISTRAR'S SIGNATURE
Julia Dhuulem Rawlall



7	8	
2	ij	
physician.	impletely filled in by the funeral director, page 5 should be detached for use as the burial-transit in mit, and in, cremation, or removal.	
attending	se as the	
d within sections after death. Page 6 may be retained by the hospital or attending physician	ched for u	
d by the ?	ld be deta	
be retaine	le 5 shou	
е 6 тау	ector, pag	
eath. Pag	funeral dir	
urs after d	in by the removal.	
III NOT	mpletely filled in by the , cremation, or removal.	
d with	crem	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within accounts after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	STATE
	1. DECEDEN
	4. SOCIAL S
	9e. FACILITY
	Ba
	Mary]
	10e. STREET
	11. MARITAL 1 Never 3 Widow

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

PEG NO.

	HEGISTIAN				OLITIII	IVAL	_ 01			HEG. N	U.		
	DECEDENT'S NAME (First		77	W						2. DATE OF DEATH	DAY 100	YEAR	3. TIME OF DEATH
	SOCIAL SECURITY NUM									Sept. 14	, 199		3:40 P M
	161-20-972		5. SEX 1 M 2 X F	8. AGE (In yrs	YRS,	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 01	-1905	Count	HPLACE (State or Foreign try) aryland
	e. FACILITY NAME (If not in	nstitution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE		2.2	INTY OF I	DEATH
	Bayside		g Home			Le	xing	ton	Park		St. Marys		
	Oa. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY
	Maryland		Marys			St	-	nigo			and the state of		LIMITS? 1 口 YES 2 図 NO
							10				10g. CI1	IZEN OF	WHAT COUNTRY?
	Chis	Leytov	m Road			_		2068				SA	
	Never Merried 2 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y		₽ NO						es or No-	Blec	E — American Indien, k, White, atc.
		EDENT'S EDU		18e.	DECEDENT'S	USUAL O	CCUPATI	ON		16b. KIND OF B	USINESS/IN	DUSTRY	
	Elementary/Secondary (I	ly highest grade 0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT us	work done se retired.) 1estj		ost of worki	ng				
-	7. FATHER'S NAME (First, M	tiddin, Last)						18 MOT	HED'S NA	ME (First, Middle, Maid	o Sumamal		
L	John Lewis		Sr.							Washing			
	90, INFORMANT'S NAME (Route Number, City or To			
L	Richard E.	Ball			P.6. I	Box 2	239	St.	Inig	goes, Mary	land	2068	34
	tos. METHOD OF DISPOSIT Buriel 2 Crematic Donation 5 Other	TON on 3 - Rem	oval from State	20b. PLA cemetery.	ceand date cremetory or c	of Dispos	sition/M	Cem.	9,	OATE 20c. 1 19/94 St	ocation -		
	1. SIONATURE OF FUNERA				or Dioi	_			SS OF FA	OH 1974			
	Spen	cer	E. Ser	nel	0	14	51 I	ares	Bea	ch Rd. Pr			Home erick, Md
	Sequantially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in deeth) LAS	diste ING ury	b. DUE TO	OR AS A CON	SEOUENCE O	6	4	Ng	els	ma			
	PART II. Other algolitics	ent condition	d	dooth hut a	at manifelan	In the co	al and do		-t t-	Book Law ones			
2	All II. Otter agrillor	SIN CONTRION	contributing to	, dealir but in	or readming	in the u	nderiyiri	g couse	given in		N AUTOPSY ORMED? 2 NO	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
1	5. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF D	EATH (Ch	eck only one)			
1	EXAMINER? 1 YES 2 NO		HOSPITAL:	☐ ER/Outpation	R 3 DOA	OTHE!		10 5 □ B	esidence	8 Other (Specify)			
	7. MANNER OF OEATH 1 Netural 8	Pending	28a. DATE Of (Month, L	FINJURY	28b, TIN		28c. IN.	FURY AT ORK?		28d. DESCRIBE HOV	INJURY O	CURED	
	2 Accident 3 Suicide 6	Investigation Could not be determined	28e. PLACE (building.	OF INJURY — A , atc. (Specify)	t home, farm,	street, fac				281. LOCATION (Stree City or Town, Sta		or or Aural	Route Number,
7	99. CERTIFIER (Check only	TIFYING PHYS								to the cause(a) end n			e) and manner ee stated.
2	9b. SIGNATURE AND TITLE	E OF CERTIFIE	0	11	1/5	1		29c. LIC	ENSE NUM	MBER 11	29d. DA	TE SIGNE	(Month, Day, Year)
3	0. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAU	SE OF BEATH	(ITEM 27) (7)(Pe	Print)			55	7 10		7/_	0110
-	1. DATE FILEO (Month, Day,	Viner)	22 BEGIETE	AR'S SIGNATUR	E 742								
	SFP 2.0	1994	Jelia Dau	velson-Ran	dall								
			17						_				

Tarra

Amended #4, 9/12/94, J.W., Montgomery Co.

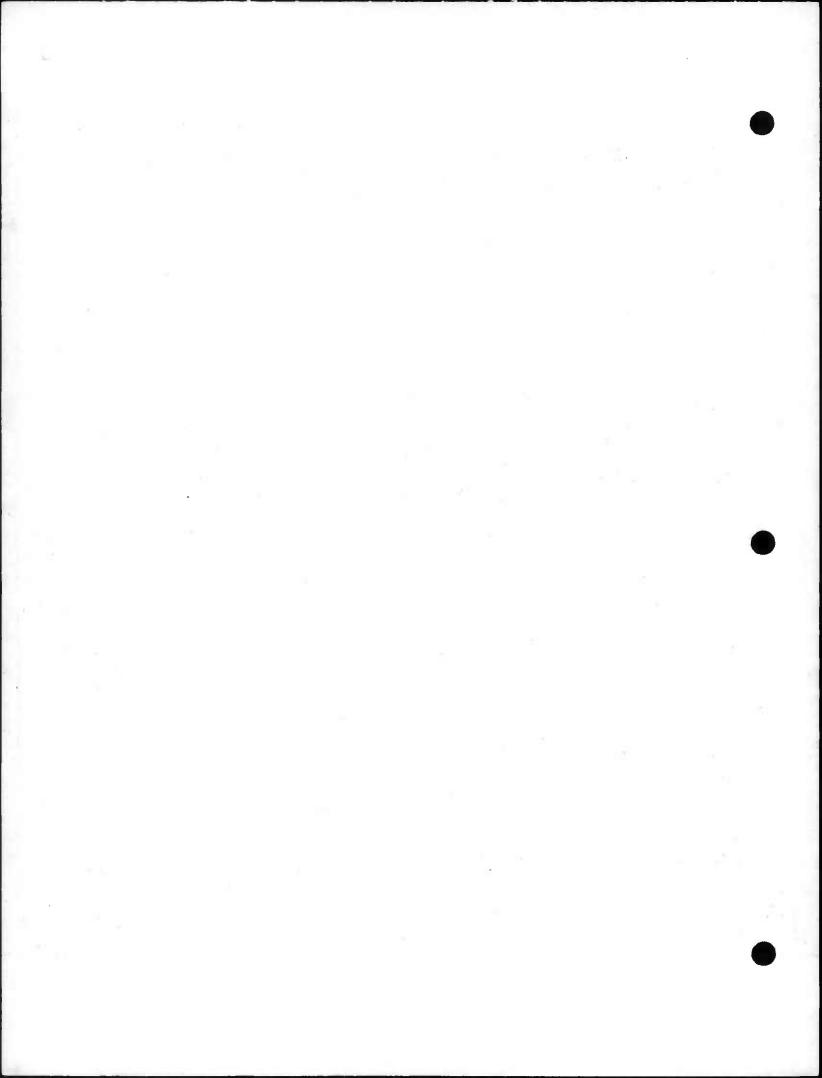
1. FOR STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CE	RTIF	ICATE OF	DEATH		REG. NO.			
1. DEC	EDENT'S NAME (First,	Middle, Last)							OF DEATH			3. TIME OF OEATH
3			off Pei	rce				Sept	ember		1994	9:50 A.
4. Spc 5.7	79-30-131	9683 9	5. SEX 6.	AGE (In yrs. last	birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month	OF BIRTH		8. BIRTH Countr	IPLACE (State or Foreign
	CILITY NAME (If not in		et and number)			9b. CITY, TOWN	OR LOCATION OF C		ary J,		NAS	
	620 Norma		е			Gaith	ersburg			Mo	ntgor	nery
10a. ST	TATE	10b. COUNTY			10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
	yland	Montg	omery		Ga	aithersb	urg					1 YES 2 THE NO
10e. ST	TREET AND NUMBER					10	H. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
当 150	620 Norma						20878			Uni	ted S	States
Ľ I□N	RITAL STATUS Never Merried 2 🔀 Widowed 4 🗌 Divo	Married	12. WAS OECEDENT & FORCES? 1 _ IF YES, GIVE WAR	YES 2 XN		If yes, s	CENDENT OF NISPA pecify Cuben, Mexic S 2 🙀 NO Speci	an, Puerto F		or No—	14. RACI Blaci Speci	
	15. DEC	EDENT'S EDUCA	ATION	16a, DE6	CEDENT'S	USUAL OCCUPAT	ION	16h	KIND OF BUS	SINESS/IN	DUSTRY	White
Elect 17. FATI	(Specify only ementary/Secondary (0	highest grade co	College (1-4 or 5+)	(Gr		work done during m						
립	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2	Exe	cuti	ve Secr	etarv	Co	mmerci	а1 к	itch	en Equipme
O 17. FATI	THER'S NAME (First, M.	iddle, Last)					18. MOTNER'S N.					on Equipme
H	Char	rles He	rman Gro	f				Ru	th Est	elle	Hov	er
19a. JNI	FORMANT'S NAME (7)	ype/Print)		19b	. MAILING	AODRESS (Street	and Number or Rural					
A.	. Keith Pe	eirce		15	620	Norman	Drive, G	aithe	rsbur	g, Ma	aryla	and 20878
	ETHOD OF DISPOSITI		rei from State	20b. PLACE A	ND DATE (OF DISPOSITION /A	iame of		E 20c. LO			
4 🗆 De	Ponetion 5 - Other	(Specify)		Parkla	awn N	ther place) lemorial	Park	9/1	3 Roc	kvil.	le, M	Maryland
21. 51G	NATURE OF EUNERA	L SPRVICE LICE		Fill	bou		nd address of F					1 Home , MD. 2087
23. P/	ART I. Enter the di	seases, or co	mplications that c	aused tha de	ath. Do r							Approximate
diseas	EDIATE CAUSE (Finites or condition ting in death)		DUE TO (O	ON EACH IIINA			rel					Interval Betwee
CAUS that is	entially list conditi y, leading to immed e. Enter UNDERLYI SE (Disease or Inju- initiated events ting in death) LAS	diate NG ry c.		R AS A CONSEC								
PART	II, <u>Other</u> significa	nt conditiona	contributing to de	ath but not re	aulting	In the underlyli	ng cause given in	Part f.	24a. WAS AN PERFOR	RMED?	24b	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
-						_		_				
25. WAS	S CASE REFERRED TO	MEOICAL				26. F	LACE OF DEATH (C	heck only on	ne)			
	MINER?		HOSPITAL:	R/Outpatient 3	□ DOA	OTHER:	me 5 Realdence	6 ☐ Othe	r (Specify)			
25. WAS EX. 1 [27. MAP	NNER OF DEATH		28s. OATE OF IN	JURY	26b. TIM	E OF 28c. IN	JURY AT		CRIBE HOW I	NJURY OC	CUREO	
A 2/		Pending Investigation	(Month, Day,	rear)	ING		ORK? YES 2 NO					
□ 3 L	Suicide 8	Could not be determined	26s. PLACE OF I building, etc	NJURY — At hor :. (Specify)	me, farm, :	street, factory, offi	Ca		ATION (Street or Town, State)		or Rural I	Route Number,
			AN: To the best of m									
8		1	On the base of axan	nination and/or i	nvestigatio	on, in my opinion,	death occured at the	a time, data	and place, an	d dua to t	ha cause(and manner as stated
296.58	IGNATURE AND TITES	1	MD	In.	81	Ne	294 VIGENSE NU	36	65	29d. DA	TE SIGNED	(Month Dev. Tour)
30. NAA	ME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE	OF OEATN (ITEN	1 27) (Type	Pina	· ph)	110	Orc	Na	. La	386 Oct.
31, DAT	TE FILED (Month, Day,	Year) 1994	32. REGISTRAR	SIGNATURE	andel	2_		1				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020



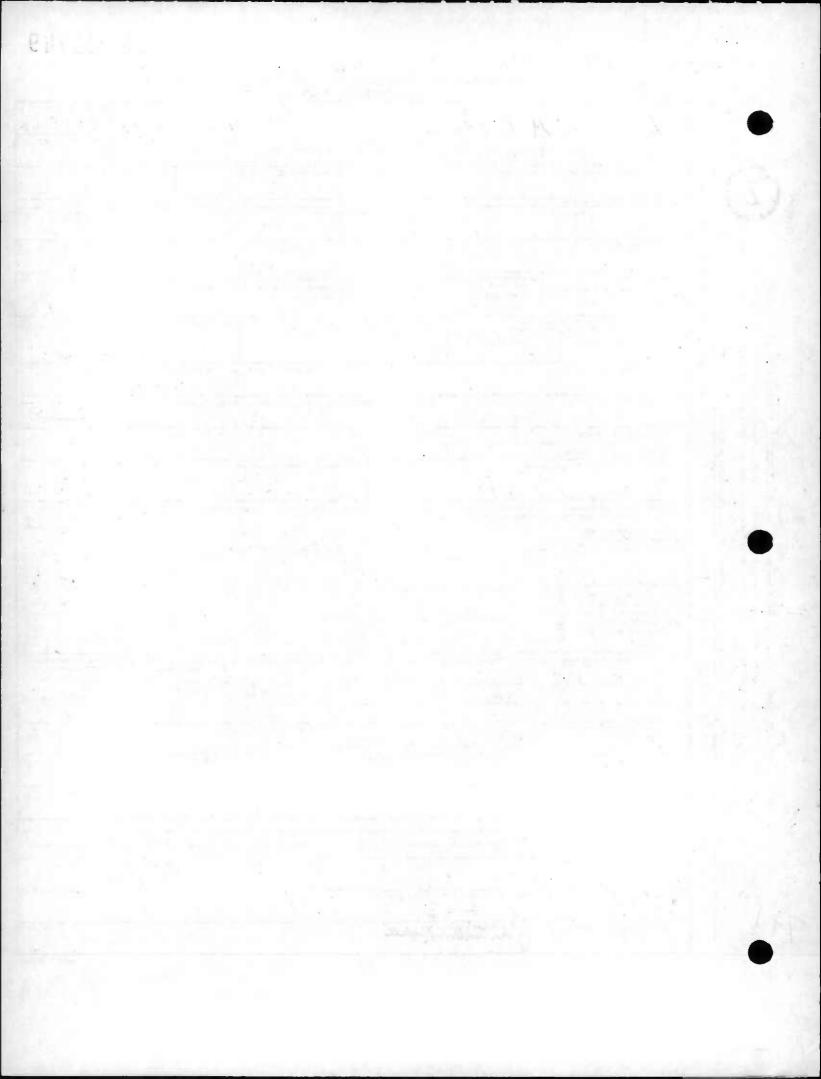
9/1/94 MRT Montgomery C STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H

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		nsir		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. OECEDENT'S NAME (First, Middle, Li	nst)	A										
Linneaus	M. Par	ber.						2. DATE OF MONTH	- 3 ^{DAI}		YEAR 94	3. TIME OF DEATH 0648
4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH ,	000	8. BIRTH	IPLACE (State or Foreign
577-24-6192	1 🗔 M 2 🗆 F	71	YRS.	MONTHS	DAYS	HOURS	MIN.		ay, Ybar)		Count	yland
	21	/1						Decemb	er 1			
9e. FACILITY NAME (If not institution, go	ive street and number)			96. CITY,	, TOWN O	OR LOCATIO	ON OF DE	ATN			NTY OF C	
St. Mary ts	Hospital			I	Leon	ardto	own			St	t. Ma	ary's
10e. STATE 10b. COL	YTAI		10c. CIT	Y, TOWN O	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
Maryland	St. Mary's		(Charl	lotte	e Ha	a11					1 YES 2 NO
10e. STREET AND NUMBER	De Hary o	,		O LIGHT 1		ZIP COO		_		40- CITI	TEN OF I	WHAT COUNTRY?
					100	. 211 0001						WHAT COUNTRY?
Route 5							200	622		U.S	S.A.	
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A		13. V	WAS OEC	ENOENT C	F HISPAN	IIC ORIGIN? (Specify Yea	or No-	14. RAC	E — American Indien, k, White, atc.
1 Never Married 2 Merried		AR OR OATES				2 NO		n, Puerto Rici	in, etc.)		Spec	
3 Widowed 4 Divorced	1943-1		MMTT			X	ороспу	•			Opoc	White
15. DECEOENT'S			DECEOENT'S	USUAL OC	CCLIPATIO	N.		16h KI	NO OF BUSI	INESS/INC	VIETOV	
(Specify only highest g			Give kind of vide. Do NOT us	work done d	during mo:	st of working	ng	1000,10			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Elementary/Secondary (0-12)	College (1-4 or 5 +	-)										
	3		Engin	eer				F	Resear	rch 8	& De	velopment
17. FATHER'S NAME (First, Middle, Last)						18. MOTI	NER'S NAI	ME (First, Mide	dle, Maiden S	Sumeme)		
Ernest N	1. Park	701				E	mma	F.	She	eppar	rd	
19e, INFORMANT'S NAME (Type/Print)	FALK		Oh MAII INC	ACCRECA	2 /044			Route Number,				0 = 11 =
) l	,										2089
	Parker		3715	Ast	tori	a Ro	ad, 1	Kensir	ngton	, Mar	ryla	nd 20888
20a, METHOD OF DISPOSITION 1 ◯X Buriel 2 □ Cremation 3 □ F	lamous from Chat-	20b. PLACE	EANOOATE	OF OISPOSI	ITION (Na	me of		DATE	20c, LOC	ATION -	City or To	own, State
4 Donetion 5 Other (Specify)	Territoria from State	Glenwe	rematory or or	mer place) emete	erv		9/	7/94	Wael	hing	ton	DC.
21. SIGNATURE OF FUNERAL SERVICE	LIGENSEE	p-011111				O ADDRE			nasi		-0119	20
	1 1									TA CE	HOM	E, INC.
1/4. //	12 0			I	FRAN	CID .	J. U	OLLINS	FUNI	LKAL	TOM	L'9 LIVO.
23. PART I. Enter the diseases, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	a. Myc.	or as a consi	al al	not enter	the mo	UNIV	ERSI'	TY BLV	/D., \	W.,	SIL.	SP., MD 2 Approximete Interval Betwee Onset and Da
shock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition	a. Myc.	sa on each lir	EOUENCE OF	not enter	the mo	UNIV	ERSI'	TY BLV	/D., \	W.,	SIL.	SP., MD 2
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. My Country on a cau	(OR AS A CONS	EOUENCE OF	not enter	the mo	UNIV	ERSI'	TY BLV	/D., \	W.,	SIL.	SP., MD 2
immediate cause, or heart failure immediate or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infliated events	a. A GUE TO b. OUE TO c. OUE TO d.	(OR AS A CONSI	EOUENCE OF	not enter	the mod	UNIV	ERSI'	TY BLV h se cerdiso	ZO OF TEMPLIFICATION OF THE PERFORMANCE AND A PE	atory srr	SIL.	SP., MD 2
immediate cause. Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	a. A GUE TO b. OUE TO c. OUE TO d.	(OR AS A CONSI	EOUENCE OF	not enter	the mod	UNIV	ERSI'	TY BLV h se cerdiso	/D., \	atory srr	SIL.	Approximete Interval Betwee Onset and Da
immediate cause (Final disease or condition resulting in daath) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	a. Ayu TO b. OUE TO c. OUE TO d	(OR AS A CONSI	EOUENCE OF	not enter	the modernyling	UNIV	ERSI'	Part I. 24	ZO OF TEMPLIFICATION OF THE PERFORMANCE AND A PE	atory srr	SIL.	Approximate Interval Betwee Onset and Da Ons
immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infliated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	a. A GUE TO b. OUE TO c. OUE TO d	(OR AS A CONSI	EOUENCE OF	F):	the modernying	UNIV	ERSI'	TY BLV h se cerdiso	ZO OF TEMPLIFICATION OF THE PERFORMANCE AND A PE	atory srr	SIL.	Approximate Interval Betwee Onset and Da Ons
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_	1 - STATE STATE CERTIFICATE OF DEATH REG. NO	
	1. DECEDENT'S NAME (First, Middle, Lest) A. SOCIAL SECURITY NUMBER S. SEX 6. AGE (in yrs. last birthday) F UNDER 1 YEAR F UNDER 24 MRS. 7, DATE OF BIRTIN	AY 94 9:05 P M
1 3	212-28-9071 1 M 2 M F 98 VRS. MONTHS DAYS HOURS MIN. (MONT) Day, 1961	8. BIRTHPLACE (State or Foreign Country) MARY LANO
HOT	98. FACILITY NAME (If not institution, give street and number) NATIONAL LUTHERAN HOME ROCKYLLLE RESIDENCE OF DECEDENT	9c. COUNTY OF DEATH
DIRECTOR		10d. INSIDE CITY LIMITS? 1
FUNERAL	100. STREET AND NUMBER 32174	10g. CITIZEN OF WHAT COUNTRY?
₽	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:	or No- 14. RACE - American Indian, Black, White, atc. Specify WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+)	SICAN
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Form	g State, Zip Code)
100	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION Name of charge property propert	CATION — City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY 24. NAME AND ADDRESS OF FACILITY	ALL, MID
-	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of duting such as cardian	W WASH DC
II, ure med	IMMEDIATE CAUSE (Final disease or condition resulting in death)	interval Between Onset and Death
NO	Sequentially list conditions,	
CATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	sease
CERTIFICATION	that initiated events resulting in death) LAST	
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN PERFOR	AUTOPSY 24b, WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
WEDICA	1 U YES 3	COMPLETION OF CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW II	NJURY OCCURED
TED BY	2 Accident	and Number or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, end due to the cause(a) and man one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, end	
BE	296. SIGNATURE ON TITLE OF GERTIFIER 29C. LICENSE NUMBER	29d. DATE SIGNED (STAND) CO. Mary
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) CHARLES W. KARSSIA WD -9701-VERS	DR. ROCKVILLE
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	ati idecodio Da
	SEP 1 5 1994 Junia Davidson-Randale	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

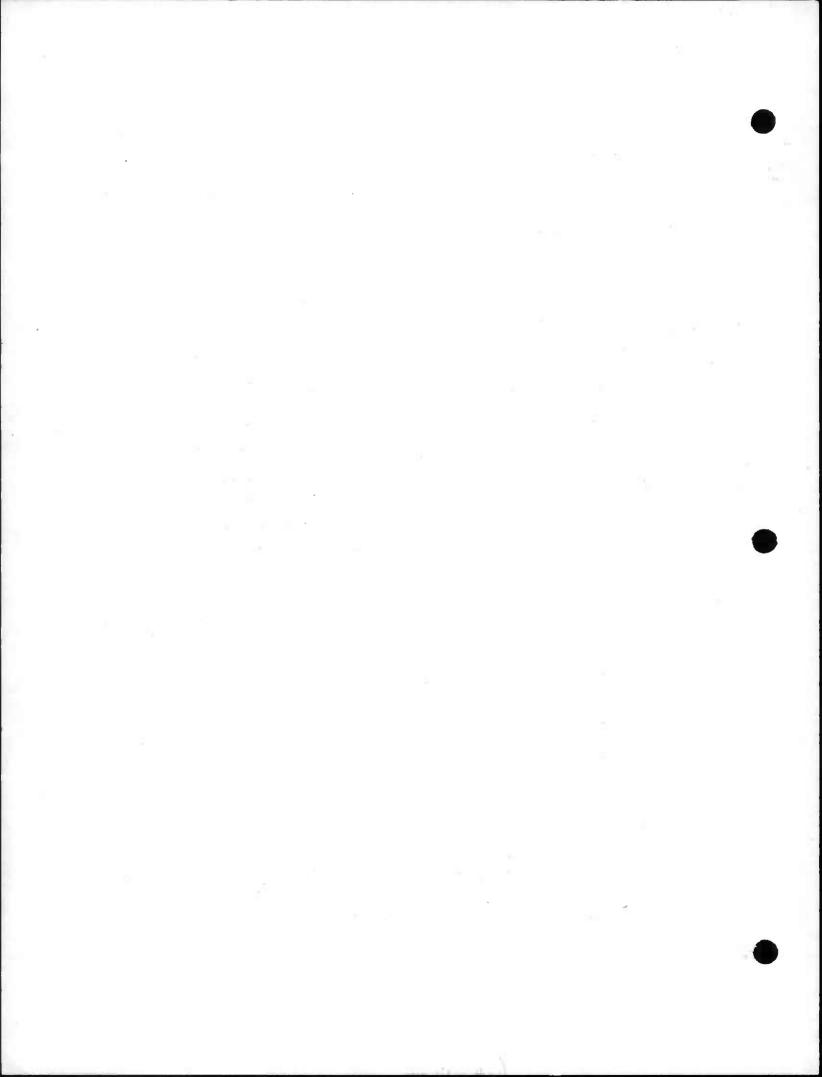
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with characteristic death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CE	ERTIFIC	AIE	F DEATH	RE	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		-) 11	2. DATE OF D	EATH DAY	WEAR	3. TIME OF DEATH
	Cile	27	D		7	ulley	Sat	- 1 14	GUL	9:30 PH
	4. SOCIAL SECURITY NUMBER	5. SEX (B. AGE (In yrs. les	t birthday) I	F UNDER 1 YEA	R IF UNDER 24 HRS	7. DATE OF B	IRTN	8. BIF	TNPLACE (State or Foreign
	579-36-8845	1 🗆 M 2 🔯 F	64	YRS.	ONTHS DAY	S HOURS MIN	(Month, Day		Cou	intry)
	9e. FACILITY NAME (If not institution, give	street and number)	- 04		h CITY TOW	N OR LOCATION OF D	Oct. 9		29 Was	shington, D.C
œ				1.0			EAIR	,		
DIRECTOR	Holy Cross Hospi	cal			Silve	r Spring			Montgo	omery
입 [10e. STATE 10b. COUNT	Υ		10c. CITY	TOWN OR LO	CATION				10d, INSIDE CITY
Ë	Maryland Mont	gomery			er Sp					LIMITS?
	10e. STREET AND NUMBER	gomer y		DITTA	CI DP	10f. ZIP CODE				1 YES 2 NO
MA I								1		F WHAT COUNTRY?
FUNERAL	324 Stonegate Dr					20904				States
<u> </u>	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1			13. WAS I	DECENDENT OF HISPAI , specify Cubso, Mexico	NIC ORIGIN? (Sp	ecify Yee or	No- 14. RA	ACE — Americen Indien, ack, White, etc.
BY	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	IF YES, GIVE WA				YES 2XXNO Specif		, •ιω,		ecity:
					<u> </u>					White
₩	15. DECEDENT'S EDU (Specify only highest grade		(Gi	CEDENT'S US	k done during	ATION most of working	16b. KIN[OF BUSIN	ESS/INDUSTRY	
	Elementary/Secondery (0-12)	College (1-4 or 5+)	- 1	Do NOT use r			1 _			
ξ	12		Baı	nk Tel	Ler		Ban	nking		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTNER'S NA	ME (First, Middle	, Melden Sur	meme)	
BE (Charles Jefferson	n Martin				Eurilla	Ellen	Webb		
	19e. INFORMANT'S NAME (Type/Print)		191	. MAILING AI	DDRESS (Stre	et and Number or Rural	Floute Number, Ci	ity or Town, S	State, Zip Code)	
임	Thomas B. Pulley		34	400 Mc	Comas	Avenue,	Kensing	gton,	Maryla	and 20895
	20e, METHOD OF DISPOSITION		20b. PLACE	ND DATE OF	DISPOSITION	(Name of	DATE	20c. LOCAT	TION — City or	Town, State
	1 X Buriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	loval from State	Ft. L	incolr	Ceme	terv	9/17			Maryland
- 1	21. SIGNATURE OF FUNERAL SERVICE LE	CENSES	0			AND ADDRESS OF FA			,	1102 / 11011
_	1 8	1	1		Hine	s-Rinaldi	Funera	1 Hor	me, Ind	2.
	Indie	· Juna	heer		1180	0 New Ham	pshire	Ave.	, Silve	er Spring, MD
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION		b. DUE TO (C. DUE TO (ER/Outpetlent 3 NJURY (Year) INJURY — At ho In, (Specify) Ny knowledge, de	DUENCE OF): DUENCE OF): Builting in DOA 4 28b. TIME (INJUR ath occurred	260 DTHER: Nursing P DF Y M t [pet, factory, c	PLACE OF DEATN (Ch. Nome 5 Residence INJURY 1 WORK? YES 2 NO office	eck only one) 6 Other (Spe 28d. DESCRIB 281. LOCATION City or Tow	N (Street and vn, State)	URY OCCURED Number or Run or as stated.	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN? 1 YES 2 NO al Route Number, e(e) end manner ee stated, ED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE	OF DEATH (ITE	1 27) (Type, Pr		1 -1	7	7	- (ha!
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	31. DATE FILED (Month, Day, Year) SEP 1 0 1994	Julia Davidson	. 711	2				·		
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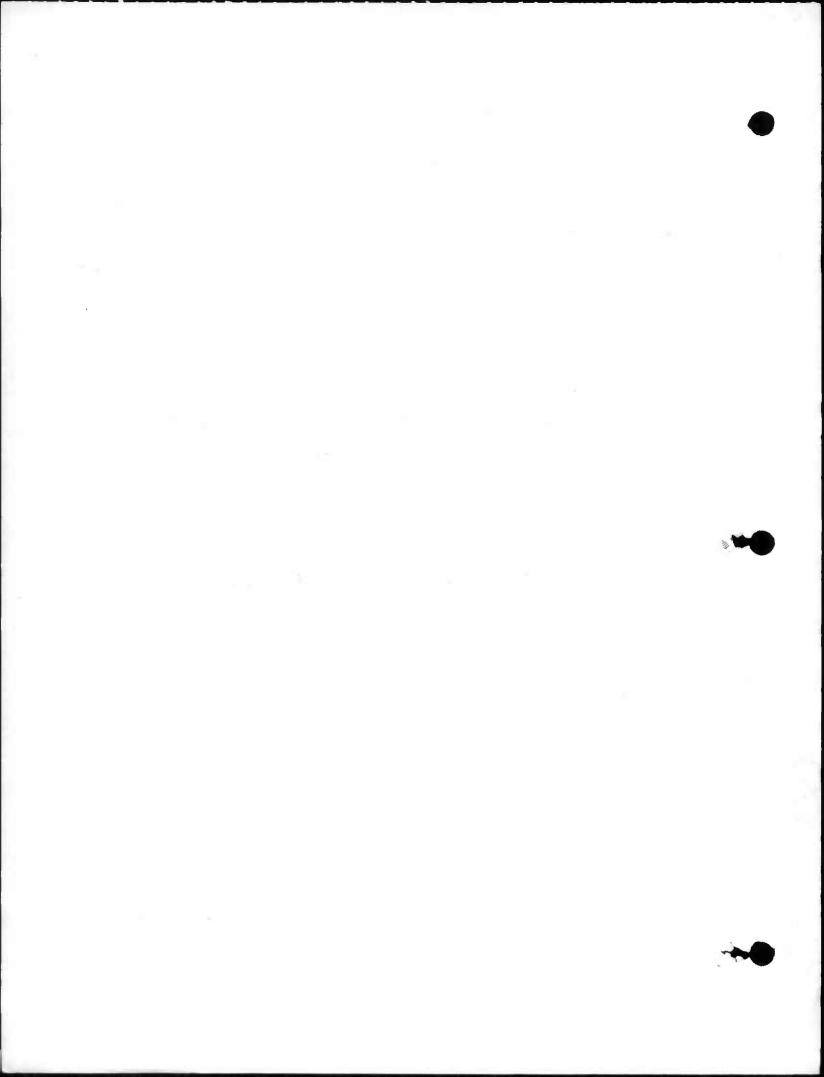
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Alours after death. Page 6 may be retained by to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely. ed in by the funeral director, page 5 should be	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremative, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at
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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 1	REGISTRAR		RTIFIC	CATE OF	DEATH	REG. NO.			
į.	1. DECEDENT'S NAME (First, Middle, Last) Beatr			ortnoy		2. DATE OF DEATH		YEAR 3.	TIME OF DEATH
	BEATRICE P	ORTNO	7			MONTH O		74	7.53 A H
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. les	birthday) I	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		a. BIRTHPL	ACE (State or Foreign
	070-16-7485 ¹□м²Дғ	94	YRS.	ONTHS DAYS	HOURS MIN.	June 6, 19	00	Country)	sia
	9a. FACILITY NAME (If not institution, give street and number)		9	b. CITY, TOWN	OR LOCATION OF DE			TY OF DEAT	
E	Suburban Hospital		ľ	Bethe	sha		Mor	ntgome	erv
2	RESIDENCE OF DECEDENT			Decile	344		1101	regonie	31 y
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCA	TION			10	Id. INSIDE CITY
	Maryland Montgomery		Rock	ville				11	TYES 2 NO
AL	10e. STREET AND NUMBER			10	1. ZIP CODE		10g. CITIZ	EN OF WHA	T COUNTRY?
EB	6121 Montrose Road				20852		Unit	ted st	tates
FUNERAL	11. MARITAL STATUS 12. WAS DECEDEN	T EVER IN U.S. AR	MED			C ORIGIN? (Specify Yes	or No-	14. RACE —	American Indien, Thite, etc.
	IE VES CIVE W	YES 2 N	10		ecify Cuben, Mexicen 2 X NO Specify:		- 1	Specify:	hite, etc.
ВУ	3 X Widowed 4 Divorced							Whit	te
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DE:	CEDENT'S US	SUAL OCCUPATION And Author of the Country of the Co	ON ost of working	16b. KIND OF BUS	INESS/INDU	STRY	
9	Elementary/Secondary (0-12) College (1-4 or 5 +	life.	Do NOT use n	retired.)					U
MP	12		Homem	naker		Own Ho	ome		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	IE (First, Middle, Maiden	Sumame)		
BE	Jacob Ostrowsky				Unknow				
2	19e. INFORMANT'S NAME (Type/Print)					oute Number, City or Town		Code)	
	Esther Gilbert)05 Po	rtofin	o Isle,	Coconut, F	EL.		
	20a, METHOD OF DISPOSITION 1 X Burlal 2 Cremetion 3 Removal from Stata	20b. PLACE A	ND DATE OF	DISPOSITION /N	ame of	DATE 20c. LO			
	4 Donation 5 Dther (Specity)	Beth	David	l ^{pl} Cemet		9-13 Elr	nont,	New '	York
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	2		22. NAME A	ADDRESS OF FAC	Convince	D 1		
	Cler W- K	app		933 l	Gist Aven	Services, ue, Silve:	Spri	na. I	MD 20910
	23. PART I. Entar tha diseases, or complications that	t caused the de	ath. Do not	anter the mo	de of dying, such	as cardiac or reapi	retory arre	at,	Approximata
- 1	ahock, or heart fallure. List only one cau iMMEDIATE CAUSE (Final	aa on each lina	•						Interval Between Onest and Death
		CIRIE	MYA	CARNI	41_ ING	RCTINN			
1	reaulting in death) a. DUE TO	(OR AS A CONSEC	DUENCE OF):	4/1-1-1	11000	1707-			
z	disease or condition resulting in death) a. POSS DUE TO	SCLER	OTIC.	HEA	RT DIS	CARE			
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	(OR AS A CONSEC	UENCE OF):						
3	cause. Enter UNDERLYING CAUSE (Disease or injury								
띨	that initiated events DUE TO	(OR AS A CONSEC	UENCE OF):						
6	reaulting in death) LAST								
	PART ii. Other significant conditions contributing to	death but not re	eaulting in						
- 1				the underlyin	a cause alven in F	Part I 24 - WAS AN	AUTODEV	245 WE	DE AUTOBEV EINDINGE
2	HYPOTHYROINISM		add drig til	the underlyin	g causa givan in F	Part I. 24a. WAS AN PERFOR		AW	ERE AUTOPSY FINDINGS AILABLE PRIOR TO
EDICAL	HYPOTHYROLDISM				g causa givan in F	Part I. 24a. WAS AN PERFOR	MED?	CD DF	AILABLE PRIOR TO DMPLETION DF CAUSE DEATH?
ш	CHRONIC RENA	- FA	LUPE	2		PERFOR 1 TYES 2	MED?	CD DF	AILABLE PRIOR TO IMPLETION DF CAUSE
ш	DID TOBACCO USE CONTRIBUTE TO CA	USE OF DEA	TH YES	NO [PERFOR 1 TYES 2	MED?	CD DF	AILABLE PRIOR TO DMPLETION DF CAUSE DEATH?
ш	DID TOBACCO USE CONTRIBUTE TO CA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	USE OF DEA	TH YES	NO C	UNCERTAIN	PERFOR	MED?	CD DF	AILABLE PRIOR TO DMPLETION DF CAUSE DEATH?
ш	DID TOBACCO USE CONTRIBUTE TO CA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 Z	USE OF DEA 28. PLAC ER/Outpetient 3	TH YES E OF DEATH	OTHER:	UNCERTAIN	PERFOR 1 YES 2	(X) NO	CD DF	AILABLE PRIOR TO DMPLETION DF CAUSE DEATH?
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BY PHYSICIAN: ME	DID TOBACCO USE CONTRIBUTE TO CA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ves 2 No 1 Inpatient 2 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 28. PLACE Of building,	USE OF DEA 28. PLAC ER/Outpetient 3 INJURY y, Year) F INJURY — At horetc. (Specify)	TH YES E OF DEATH (DOA 4 28b. TIME C INJUR The, ferm, stree	(Check only one) OTHER: Norsing Horn OFF M 1 wo	UNCERTAIN He 5 Residence 8 HURY AT RK? YES 2 NO	PERFOR 1 YES 2 1 Other (Specify) 28d. DESCRIBE HOW II 20f. LOCATION (Street as City or Town, State)	MED?	AMCD DF 1 [AILABLE PRIOR TO MIPLETTON DF CAUSE DEATH? YES ZYZ ND
BY PHYSICIAN: ME	DID TOBACCO USE CONTRIBUTE TO CA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	USE OF DEA 28. PLAC ER/Outpetient 3 INJURY yy, Year) F INJURY — At horetc. (Specify) my knowledge, dea	TH YES E OF DEATH (DOA 4 28b. TIME C INJUR The, ferm, streeth occurred a	(Check only one) OTHEFI: Norsing Horn OFF Mrsing Horn OFF Norsing Horn OFF Norsing Horn OFF at the time, date	UNCERTAIN He 5 Residence 8 UURY AT RKY YES 2 NO e	PERFOR 1 YES 2 1 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street as City or Town, State) o the ceuse(e) end men	MED? (X) NO All Number of Number o	AMOD DF 1 [AILABLE PRIOR TO MIMPLETION DF CAUSE DEATH? YES ZYZ ND
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BE COMPLETED BY PHYSICIAN: ME	DID TOBACCO USE CONTRIBUTE TO CA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the beals of examiner of the control of th	USE OF DEA 28. PLAC ER/Outpetient 3 INJURY 3y, Year) F INJURY — At horetc. (Specify) my knowledge, dea taminetion and/or in	TH YES E OF DEATH (DOA 4 28b. TIME C INJUR The, ferm, streeth occurred anneatigation, is	Check only one) THER: Nursing Hom Pr Mussing Hom 1 ret, fectory, office at the time, date in my opinion, c	UNCERTAIN THE S Residence & URY AT PRK? TYES 2 NO e The second due to the sec	PERFOR 1 YES 2 1 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State) to the ceuse(e) end men ime, data and place, endered	MED? (X) NO ANJURY OCCU Ind Number of the state of dua to the	AMADE CD DFF 1 []	MILABLE PRIOR TO MIMPLETION DF CAUSE DEATH? YES ZAN ND
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BE COMPLETED BY PHYSICIAN: ME	DID TOBACCO USE CONTRIBUTE TO CA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 6 Could not be datermined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examiner of examiner of examiner of examiner. 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE 31. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE 32. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE 33. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE 34. MANNER OF PERSON WHO COMPLETED CAUSE 35. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE 37. MANNER OF DEATH 28e. DATE OF (Month), Dec. (Mon	USE OF DEA 28. PLAC ER/Outpetient 3 INJURY — At hose etc. (Specify) my knowledge, detaminetion and/or in ER OF DEATH (ITEM ROSE	TH YES E OF DEATH (DOA 4 28b. TIME C INJUR The, ferm, streeth occurred anneatigation, is	(Check only one) THER: Nursing Horn OFF M 28c. IN. WC 1 cet, fectory, office at the time, date In my opinion, c	UNCERTAIN be 5 Residence a UNITY AT FYES 2 NO e and piece, end due to death occured at the to 29c. LICENSE NUM	PERFOR 1 YES 2 1 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State) to the ceuse(e) end men ime, data and place, endered	MED? (X) NO NJURY OCCU Ind Number of the control	URED URED Or Rural Route d. cause(a) an	MILABLE PRIOR TO MIMPLETION DF CAUSE DEATH? YES ZAN ND
BE COMPLETED BY PHYSICIAN: ME	DID TOBACCO USE CONTRIBUTE TO CA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO	USE OF DEA 28. PLAC ER/Outpetient 3 INJURY 37, Year) F INJURY — At hore etc. (Specify) my knowledge, dea taminetion and/or in	TH YES E OF DEATH (DOA 4 28b. TIME C INJUR The, ferm, street ath occurred a neestigation, (27) (Type, Pri	(Check only one) THER: Nursing Horn OFF M 28c. IN. WC 1 cet, fectory, office at the time, date In my opinion, c	UNCERTAIN THE S GRESIDENCE & TOPIC	PERFOR 1 YES 2 1 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State) o the ceuse(e) end mentione, data and place, end SER	MED? (X) NO NJURY OCCU Ind Number of the control	URED URED Or Rural Route d. cause(a) an	MILABLE PRIOR TO MIMPLETION DF CAUSE DEATH? YES ZAN ND





STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

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1994

hospital or attending physician. use as the l 10 detached Page 6 may be retained by the 8 director, funeral urs after death. filled in by the fution, or removal. cremation, or the attending physician and completely Mental Hygiene prior to burial, crematic requires that the death certificate be signed by the has been s Dept. of H OR ATTENDING PHYSICIAN: The law certificate by the State the with 1 After t DIRECTOR: A hours after d THE HOSPITAL O THE FUNERAL DI filed within 72 ho FUNERAL C within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME DE DEATN 110 DAY 71 30 PROFE PORTER LUCILE SEPTEMBER 10 1994 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign Washington, DC 1 M 2 K F 79 579-10-3275 YRS. July 11,1915 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR 10506 AMHERST AVENUE MONTGOMERY SILVER SPRING RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY 1 YES 2 ND MARYLAND MONTGOMERY SILVER SPRING FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20902 10506 AMHERST AVENUE USA 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 ND Specify: 1 Never Married 2 Married IF YES, GIVE WAR DR DATES BY 3 X Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 12 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Paul Profe BE Margaret E. 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Claire P. Derwent 10515 Deakins Hall Drive, Adelphi, Maryland 20783 20a. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☒ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Metropolitan Crematory 9/11/94 4 Donation 6 Other (Specify) Alexandria, Virginia 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 20901 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heert fallure. List only one ceuse on each ilne. Interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition resulting in death) accident Cerebro vos culer DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF)-DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 24a. WAS AN AUTOPSY MEDICAL COMPLETION OF CAUSE 1 TYES 2 NO 1 ☐ YES 2 ☑ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. OEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 ND BY 2 Accident 3 Suicide 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be datermined COMPLETED 4 Homicide 29s. CERTIFIER

Chank only 1

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated. 296. SIGNATURE AND THE OF CERT 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) aco DOE C cas 2 30. NAME AND ACORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 8218 ensia 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson Randall

DHMH-16 Rev 1/89

50.15

		FOR
1	-	STATE REGISTRAR

	1 - STATE REGISTRAR	OIRIE OF 1	WALL LAND	CERTIF	ICATI	E OF	DEATH	MENIA	REG. NO.	E .			
	1. DECEOENT'S NAME (First, Middle, Las	0	-						OF OEATH			3. TIME OF OEATH	
	GRAYCE LILLIAN	QUINET						SEP'	TEMBER		1994	12:08	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	last birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE	OF BIRTH h, Day, Year)		8. BIRTH	IPLACE (State or Forei	
	202-14-6795D	1 🗌 M 2 💢 F	84	YAS.	MONTHS	DAYS	HOURS MIN.	OCT.	20, 1	909	PENN	ŇASYLVANI	A
	9s. FACILITY NAME (If not institution, give	street and number)			9b. CITY	r, TOWN C	OR LOCATION OF DI				INTY OF D	EATH	
DIRECTOR	GARRETT COUNTY N	MEMORIAL H	HOSPITA	L	(OAKL	AND			GA:	RRETI	C	
E	10s. STATE 10b. COUN	TY		10c. CIT	Y, TOWN	OR LOCAT	TION				T	10d. INSIDE CITY	
5	MARYLAND GA	ARRETT		0.4	AKLAI	ND						LIMITS?	0
	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT											41	
FUNERAL	315 N. FOURTH ST	CREET					21550				USA	A	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED T NO		If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexics 2 NO Specif	en, Puerto		or No-		E — American Indian, k, White, etc.	,
	15. DECEDENT'S EC (Specify only highest gra	UCATION de completed)	18s.	DECEDENT'S	USUAL O	CCUPATIO	ON at of working	16b	. KIND OF BUS	SINESS/IN	DUSTRY		
ᄪ	Elementary/Secondary (8-12)	College (1-4 or 5		life. Do NOT us	se retired.)	/	st or working						
	8		E	BUSINES	SS O	WNER]	MONUME	NT C	OMPAN	VΥ	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA		Middle, Maiden	Surname)			
BE	CLYDE	HIN	NEBAUGH		-		SOPHIA		ELIZA			REED	
2	198. INFORMANT'S NAME (Type/Print) MRS NORMA HESE!	T.					nd Number or Rural						
	20s. METHOD OF DISPOSITION	N		P.O.					MARYL				
	206. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Re 4 Donation 5 Other (Specify)		20b. PLA cemetery	CEAND DATE:	of Dispos	SITION (Na	me of	9/9	1		City or To	, PA.	ļ
	21. SIGNATURE OF FUNERAL SERVICE I		DE.	LLE VE	-				DELL	4E VI	MIOM	, ra.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE P.O. BOX 243 DURST FUNERAL HOME - OAKLAND, MD 21550												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory strest, Approximate												
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Acute Renal Failure 30 hr.											Desth	
	resolung in death)	DUE TO	(OR AS A CON	ISEQUENCE O	F):			-					
z	Aguta Congogtiva Haant Engluma												s
임	Sequentisity list conditions, if any, leading to immediate Acute Congestive Heart Failure 8 days												
CERTIFICATION	CAUSE (Disesse or Injury	с											
E	that initiated events reaulting in death) LAST	DUE TO	(OR AS A CON	ISEOUENCE O	F):								
5	d												
	PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
5	Cerebrovascula:	r Acciden	t						PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAL	
								_				OF DEATH?	
2	DID TOBACCO USE	CONTRIBUT	F TO C	AUSE O	F DEA	TH '	YES NO	o 🖳				i les 2 la no	
A	25. WAS CASE REFERRED TO MEDICAL			1001 0			ACE OF DEATH (Ch		ne)				\dashv
PHYSICIAN: MEDICAL	EXAMINER? V 1 YES 2 1 NO	HOSPITAL:	ER/Outpatien	3 DOA	OTHE		e 5 🗆 Rasidence	A C Other	er (Spacify)				
¥∥	27. MANNER OF DEATH	28s. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT	T	SCRIBE HOW II	NJURY OC	CURED		-
	1 Natural 5 Pending	(Month, E	lay, Year)	INJ	URY M		PIK? (ES 2 NO						
Э ВУ	2 Accident Investigation 3 Suicide 8 Could not b	28a. PLACE C	F INJURY - A	t home, farm,	street, fac	tory, offic		28t. LOC	ATION (Street a	nd Numbe	r or Rural R	Route Number,	
	4 Homicide determined	, building,	atc. (Specify)					City	or Town, State)				
<u>ا</u> ۳	29s. CERTIFIER 1 X CERTIFYING PHY	SICIAN: To the best of	my knowledge	death occurs	ed at the	time data	and place, and due	to the car	use(s) and man	ner en etc	ted	-	
COMPLETED	one) 2 MEDICAL EXAMI) and manner as stat	ed.
	29b. SIGNATURE AND FITUE OF CERTIFIC					-	29c, LICENSE NUI						
BE	Kulh 1	/	MD				D2720				9/6		
유	30. NAME AND ADDRESS OF PERSON V	HO COMPLETED CAU		ITEM 27) (Type	Print)						-101		
	Karl E. Schwalm	311 N.				, MD	21550						
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATUR	E ·									\dashv
	SEP 07 1994	Valia Da	Kolson Ray	delle									- 1

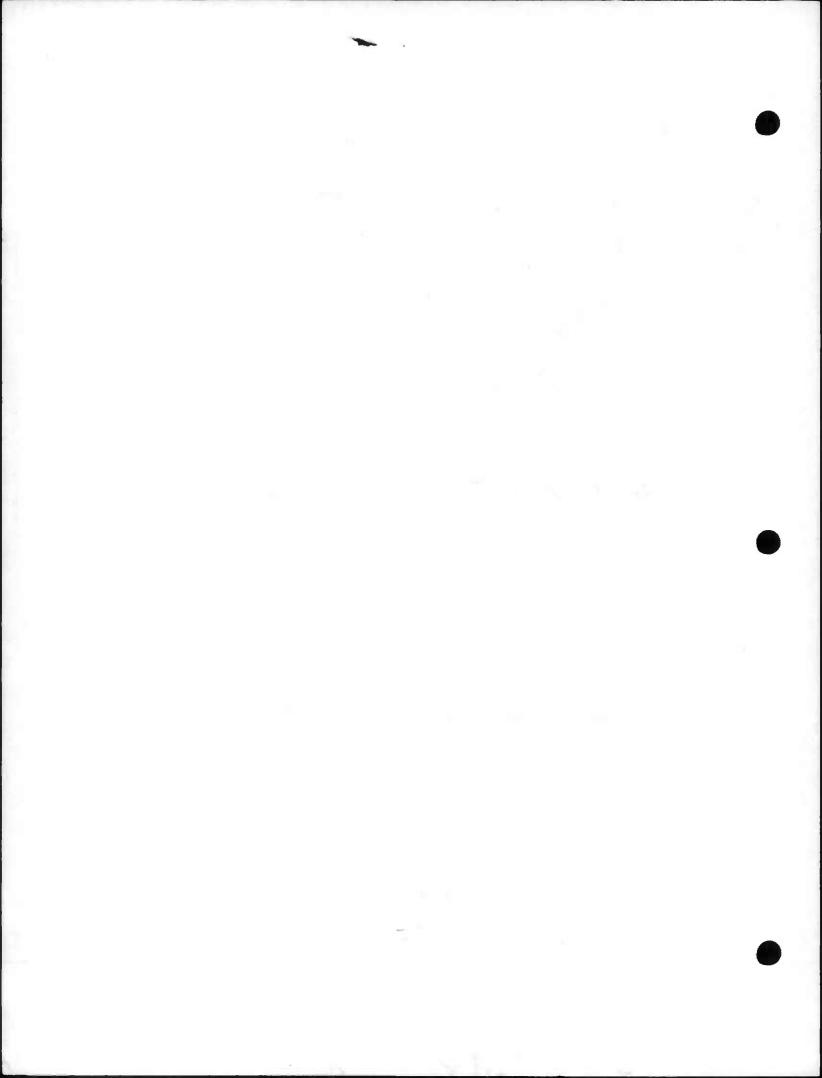
SOM STAN

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rav 1/89



BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tripe filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	er traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be fled within 72 hours after death with the State Debt, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO

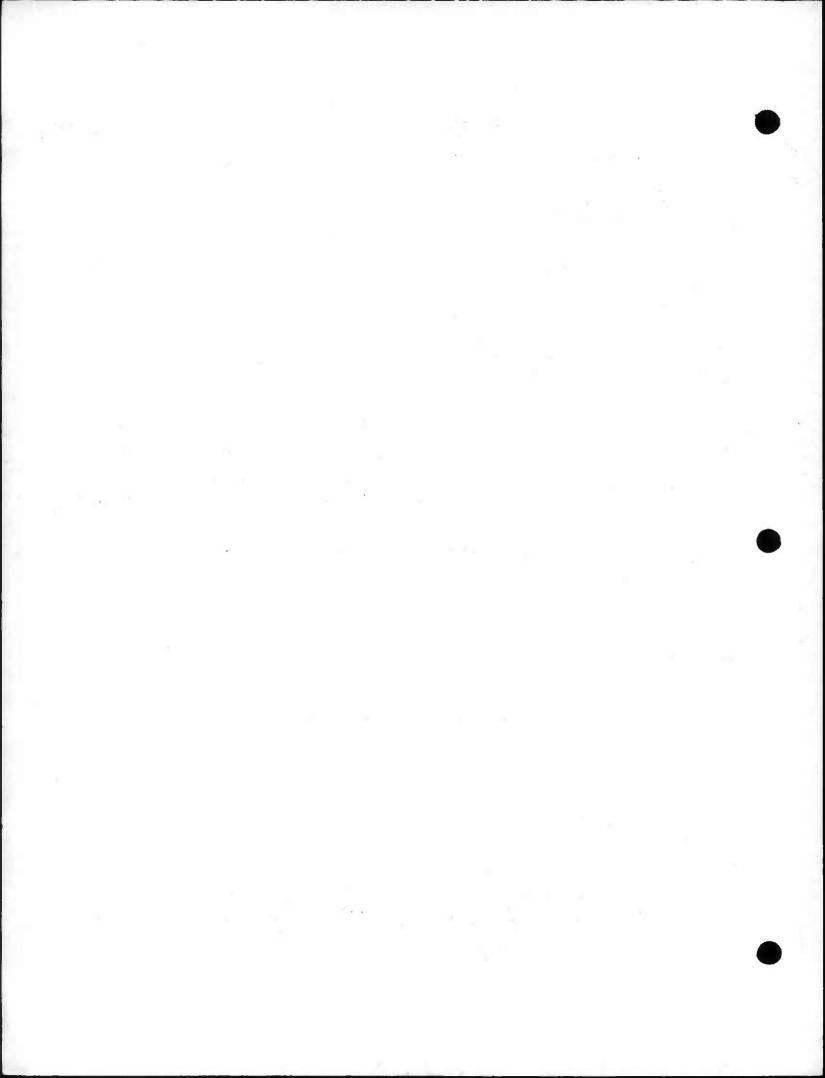
	REGISTRAR	CERTIF	ICALE)F DEATH	RE	G. NO.						
	1. OECEOENT'S NAME (First, Middle, Last)				2. DATE OF DE	ATH DAY	YEAR	3. TIME OF DEAT	Н			
	JOHN H. RUFF, JR.				09	17	1994	1:30	AM			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. A	AGE (In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIF		8. BIRTHP	LACE (State or Fo	veign			
	21.9-36-0601 1 X M 2 D F	58 YRS.	MONTHS DA	S HOURS MIN.	(Month, Day, 12/28		Country)	vland				
	9e. FACILITY NAME (If not institution, give street end number)	50	9b. CITY, TO	ATH								
œ												
6	FALLSTON GENERAL HOSPITAL		FALI	STON, MD		<u> </u>	ARFORI)				
DIRECTOR	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LO	CATION			T	10d. INSIDE CITY				
5	Maryland Harford			Forest	Hill			LIMITS?	NO			
	10e. STREET AND NUMBER			10f. ZIP CODE	14444	40a CI		AT COUNTRY?	NO			
FUNERAL												
빌	1254 W. Jarrettsvi			210			U.S.					
5	11. MARITAL STATUS 12. WAS DECEDENT EV FORCES? 1 FORCES? 1	YES 200 NO	13. WAS	DECENDENT OF HISPAI , specify Cuben, Mexico	NC ORIGIN? (Spe n, Puerto Rican,	cify Yee or No-	14. RACE - Black,	- American India White, etc.	en,			
B≺	3 ₩Idowed 4 Divorced	OR DATES		YES 2 NO Specif		,	Specify	:				
			1					ack				
Ē	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S (Give kind of	Work done during	ATION g most of working	16b. KIND	OF BUSINESS/IN	DUSTRY					
"	Elementary/Secondary (0-12) College (1-4 or 5+)											
를	8	Securi	ty Gu	ard	C	ountry	Clu	b				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle,	Maiden Surname)						
BE (John Ruff			Isabe	elle		Stew	art				
8	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Str	eet and Number or Rural	Route Number, City	y or Town, State, Z	ip Code)					
2	Agnes Robinson		same	as #10								
	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE		- 17	DATE	20c. LOCATION -	City or Tow	n State				
- 11	1 Burial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	cemetery, crematory or o	ther place)		1			•				
- 4	21. SIGNATURE OF FUNERAL SERVIO GLICENSEE	Pairview			9/211.	Forest	HIL	L. Md.				
	m 11/1/1/1/	11/	22. NAM	E AND ADDRESS OF FA Kurtz Fu		Homo						
	11. Elacter Tex	Thos			-		7					
	23. PART I. Entar the diseases, or complications that ca	vset the death. Do i	not entar the	Jarretts	b se cerritec o	MATV	Land	Approxima	210			
	ahock, or haart fallura. List only ona causa	on/aach lina.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	,,,,,,		. roop matery as	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	interval B	atween			
- 1	IMMEDIATE CAUSE (Final disease or condition	/						Onset and	Death			
	reaulting in death) - a. METASTATI			LUNG CAN	CER TO	LIVER &	RIBS					
		AS A CONSEQUENCE O		ייים דר מיי	MTD_T IIM	C RIOD	CV_DD	OVED 5/	9/			
Z	NON-SMALL CELL LUNG CANCER, RIGHT MID-LUNG, BIOPSY-PROVED 5/94											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CHRONIC & ACUTE COR PULMONALE, CONGESTIVE HEART FAILURE &											
2	CAUSE (Disease or Injury C.			-				KE &				
E	that initiated events DUE TO (OR	AS A CONSEQUENCE O	F): RES	SPIRATORY	FAILURE DUE TO							
	resulting in death) LAST	HMONARY FI	APHVSE	ΙΔ ΔΩΤΉΜΑ	TTC BRO	NCHTTTS						
ō												
DICAL	PART II. Other significant conditions contributing to des	ith but not resulting	in tha under	ying cause given in	Part i. 24a.	WAS AN AUTOPSY PERFORMED?	1	WERE AUTOPSY FI AVAILABLE PRIOR	10			
ᆲ	- ANEMIA OF CHRONIC DISEA	SE, SEVER	E MALNI	TRITION	1 🗆	YES 2 X NO		COMPLETION OF C OF DEATH?	CAUSE			
ME						••		YES 2	NO			
=												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		2	S. PLACE OF DEATH (Ch	eck only one)				\neg			
응	EXAMINER? 1 YES 2 X NO 1 X Inputiont 2 ER	Outpetlant 3 7004	OTHER:									
žΙ	27. MANNER OF DEATH 26e. OATE OF INJU			Home 5 Residence		HOW INJURY OF	CUIRED					
	1 X Natural 5 Pending (Month, Day, Y	ear) IN.	JURY	WORK?	200. DESCRIBE	. now mount oc	CORED					
BY	2 Accident Investigation			YES 2 NO								
	building, etc.	JURY At home, lerm, (Specify)	street, lectory,	office	281. LOCATION City or Town	(Street and Numbern, State)	er or Rural Ro	ute Number,				
Ë١	4 Homicide detarmined											
COMPLETED	29e. CERTIFIER (Check only 1 X CERTIFYING PHYSICIAN: To the best of my	knowledge, death occurr	ed at the time.	data and place, and due	to the cause(e)	and menner se etc	nted	-				
Ξ	one) 2 MEDICAL EXAMINER: On the beele of exami							and manner se s	eted			
8						tace, end due to t	ille cadee(e)	and mailler to s	tateu.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI				Month, Day, Year)				
2	alley S. C. Jun			MD D018	779	▶ S	EPTEM	BER 17,	'94			
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	F DEATH (ITEM 27) (Type	, Print)									
	ALBERT S.C. SUN, M.D. 180	0 HARFORD	ROAD,	FALLSTON,	MD 2104	7						
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE WAS RANGEL							-			
	SEP 2 0 1994 Julia Daw	Wen Randall										

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020	~
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a notions after death. Page 6 may be retained by the hospital or attending physician.	be retained by the hospital or attending physician.	98
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ge 5 should be detached for use as the burial-transmit permits	艃"
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	e notified at once.	V9

Ε	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
STRAR	CERTIFICATE OF DEATH	REG NO

	1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTA	NL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	, 0		2		2. DATE	E OF DEATH		YEAR	3. TIME OF DEATH	
			hloft			0	19 14		94	2:25	PH
			yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH th, Day, Year)		Countr		oign
	389-32-9162 9a. FACILITY NAME (If not institution, give stree	^ //	j ins.	Sh CITY TOWN	OR LOCATION OF DE		t. 23, 1		WISC	consin	
DIRECTOR	Hyattsville Manor			Hyatts		EAIN				ce George's	
REC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY	
ō.		George's	Hy	attsvil.					LIMITS? 1 XYES 2 NO		
FUNERAL	10e. STREET AND NUMBER				ZIP CODE			*		VHAT COUNTRY?	
JNE	6500 Riggs Road	2. WAS DECEDENT EVER IN	II S ADMED		20783 ENDENT OF HISPAN	WO OPIO	100 00 - 14 14			States	
F	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Mexica 2 X NO Specify	in, Puarto		or No-		American Indier White, atc.	
ВУ	3 Widowed 4 Divorced	unavailable		10,123	Z (A NO Specify	y. 			Specif	White	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	rion mpleted)	(Give kind of v	USUAL OCCUPATION WORK done during mo	ON est of working	18/	b. KIND OF BUS	SINESS/IND	USTRY		
J.	Elementary/Secondery (0-12)	College (1-4 or 5+)	Recepti				_aw Off	cice			- 1
MC	17. FATHER'S NAME (First, Middle, Last)		кесерст	OHITSC	16. MOTHER'S NA						
E C	George	Rohloft	f		Alice	INC (FISE,		_{Sumame)} Unava	ilah	ale)	- 1
00	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rural F	Route Num)10)	-
5	Henry Timothy Bye	ers			ts Ave, NW					20036	- 1
	20e. METHOD OF DISPOSITION 1 Burial 2X Cremation 3 Remove			OF DISPOSITION (Na		OAT		CATION -			
	4 Doription S Other (Specify)	Si	uburban	Cremato			15 Sil	ver S	Sprin	ng, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		Rapp	Funeral S	Serv	ices.	P.A.			
	John B. Ch		M00827	7 933 G	ist Ave.	Sil	ver Sp	rina.	MD	20910	
	28. PART i. Enter the diseeses, or con shock, or heart fellure. Lie	nplications that caused at only one cause on ea	the deeth, Do n	ot enter the mo	de of dying, eucl	h as cer	diac or reepi	retory arre	ect,	Approximat	
- 1	IMMEDIATE CAUSE (Finel										
	discoss or condition	Λ .			0 0		(D	4	Onset and	
	disease or condition resulting in death)	Acquire	d In	nmun	· Defic	cier	ney !	Byn.	dro	Onset and	
	disease or condition recuiting in death)	ACQUIYA DULTO (OR AS A C	d I	nmun 1:	e Defic	cier	ney !	Byn.	dro	Onset and	
NOI	disease or condition resulting in death) a	DUE TO (OR AS A C			L Defice	cier	ney !	Byn	dro	Onset and	
CATION	disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING				e Defic	cien	ney !	Byn	dro	Onset and	
TIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		CONSEQUENCE OF	7):	c Defic	cier	ney !	Pyn	dro	Onset and	
SERTIFICATION	disease or condition a Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A (CONSEQUENCE OF	7):	e Defic	cier	ney (Byn	dro	Onset and	
AL CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A O	CONSEQUENCE OF); j;			24a, WAS AN	AUTOPSY		Onset and	Death
됩	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A O	CONSEQUENCE OF); j;			24a, WAS AN PERFOR	AUTOPSY MED?		Onset and WERE AUTOPSY FIN AMAILABLE PRIOR TI COMPLETION OF CA	Denth Car
됩	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A O	CONSEQUENCE OF); j;			24a, WAS AN	AUTOPSY MED?		WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	Death OINGS USE
MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF	n the underlying	g couse given in	Part t.	24a, WAS AN PERFOR	AUTOPSY MED?		Onset and WERE AUTOPSY FIN AMAILABLE PRIOR TI COMPLETION OF CA	Death ONE ONE ONE ONE ONE ONE ONE ON
MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions of the conditions of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONTRIBUTE TO	CONSEQUENCE OF	n the underlying DEATH 26. Pt	g couse given in	Part t.	24a. WAS AN PERFOR	AUTOPSY MED?		WRRE AUTOPSY FINI MAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO	Death ONE ONE ONE ONE ONE ONE ONE ON
MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions of the cause cause. Examiner? I □ YES 2X NO	DUE TO (OR AS A CONTRIBUTE TO	consequence of	DEATH 26. Pt OTHER: 4 Nursing Hom	G couse given in	Part t.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?		WRRE AUTOPSY FINI MAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO	Death ONE ONE ONE ONE ONE ONE ONE ON
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions of the cause of the	DUE TO (OR AS A CONTRIBUTE TO	CONSEQUENCE OF	DEATH 26. Pt OTHER: 4 Divising Hom LE OF 28c. [BL) URY WC	G couse given in /ES NC ACE OF OEATH (Che 5 Realdence URY AT	Part t.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? [XNO	24b.	WRRE AUTOPSY FINI MAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO	Death ONE ONE ONE ONE ONE ONE ONE ON
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions of the cause of the	DUE TO (OR AS A CONTRIBUTE TO	CONSEQUENCE OF	DEATH 26. Pt OTHER: 4 Nursing Hom M 1 WO	G couse given in /ES NC ACE OF OEATH (Che 5	Part t. D Z eck only or 6 Other 28d. OE	24a, WAS AN PERFOR 1 YES 2	AUTOPSY MEO? (X)NO	24b.	WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO	Death ONE ONE ONE ONE ONE ONE ONE ON
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions of the cause and the cause of the cause of the cause and the	DUE TO (OR AS A CONTRIBUTE TO	CONSEQUENCE OF	DEATH 26. Pt OTHER: 4 Nursing Hom M 1 WO	G couse given in /ES NC ACE OF OEATH (Che 5	Part t. Deck only of the case	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MEO? (X)NO	24b.	WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO	Death ONE ONE ONE ONE ONE ONE ONE ON
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions of the condition	DUE TO (OR AS A CONTRIBUTE TO	CONSEQUENCE OF	DEATH 26. Pt OTHER: 4 Nursing Hom BE OF 28c. INJ URY M 1 Atreet, factory, office	G couse given in /ES	Part t. Discount only on the control of the contro	24a. WAS AN PERFOR 1 YES 2 er (Specify) SCRIBE HOW IF	AUTOPSY MED? XNO NJURY OCC	24b.	WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATHY 1 YES 2 NO	Death ONE ONE ONE ONE ONE ONE ONE ON
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions of the condition	DUE TO (OR AS A CONTRIBUTE TO	CONSEQUENCE OF	DEATH 26. Pt OTHER: 4 Nursing Hom BE OF 28c. INJ URY M 1 The Company of the Com	G couse given in /ES	Part t. Down to the care to t	24a. WAS AN PERFOR 1 YES 2 er (Specify) SCRIBE HOW IF	AUTOPSY MED? [XNO NJURY OCC and Number as state	24b. CURED or Rural R	WERE AUTOPSY FINA AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO N/A	Denth Cay Dings Duse
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions of the condition	DUE TO (OR AS A CONTRIBUTE TO	CONSEQUENCE OF	DEATH 26. Pt OTHER: 4 Nursing Hom BE OF 28c. INJ URY M 1 The Company of the Com	g ceuse given in /ES NC ACE OF OEATH (Che 5 Residence URY AT RK? YES 2 NO e and place, end dua eath occured at the	Part 1. Deck only or 6 Other 281. LOC City to the ca	24a. WAS AN PERFOR 1 YES 2 er (Specify) SCRIBE HOW IF	AUTOPSY MED? [XNO NJURY OCC and Number aner as state d due to the	or Rural R	WERE AUTOPSY FINA AMAIL ABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO	Denth Cay Dings Duse
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions of the cause and t	DUE TO (OR AS A CONTRIBUTE TO	CONSEQUENCE OF	DEATH 26. Pt OTHER: 4 Nursing Hom BE OF 28c. INJ URY M 1 The Company of the Com	G couse given in /ES	Part 1. Deck only or 6 Other 281. LOC City to the ca	24a. WAS AN PERFOR 1 YES 2 er (Specify) SCRIBE HOW IF	AUTOPSY MED? [XNO NJURY OCC and Number aner as state d due to the	or Rural R	WERE AUTOPSY FINA AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO N/A	Denth Cay Dings Duse
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions of the cause and t	DUE TO (OR AS A CONTRIBUTE TO	CONSEQUENCE OF	DEATH 26. Pt OTHER: 4 Nursing Hom E OF 28c. INJ URY M I I treet, factory, officed at the time, data n, in my opinion, d	g ceuse given in /ES NC ACE OF OEATH (Che 5 Residence URY AT RK? YES 2 NO e and place, end dua eath occured at the	Part t. Deck only one of the cast time, date with the cast time, date	24a. WAS AN PERFOR 1 YES 2 or (Specify) SCRIBE HOW IN CATION (Street a or Town, State)	AUTOPSY MED? SNO NJURY OCC and Number as state of due to the control of the co	or Rural R	WERE AUTOPSY FINA AMAIL ABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO	Denth Cay Dings Duse
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A CONTRIBUTE TO	CONSEQUENCE OF	DEATH 26. Pt OTHER: 4 Nursing Hom E OF 28c. INJ URY M I I treet, factory, officed at the time, data n, in my opinion, d	g ceuse given in /ES NC ACE OF OEATH (Che 5 Residence URY AT RK? YES 2 NO e and place, end dua eath occured at the	Part t. Deck only one of the cast time, date with the cast time, date	24a, WAS AN PERFOR 1 YES 2 or (Specify) SCRIBE HOW IF CATION (Street a or Town, State) ruse(e) and men e and placa, end	AUTOPSY MED? [XNO NJURY OCC and Number as state d due to the 29d. DATE	or Rural R	WERE AUTOPSY FINA AMAIL ABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO	Denth Cay Dings Duse



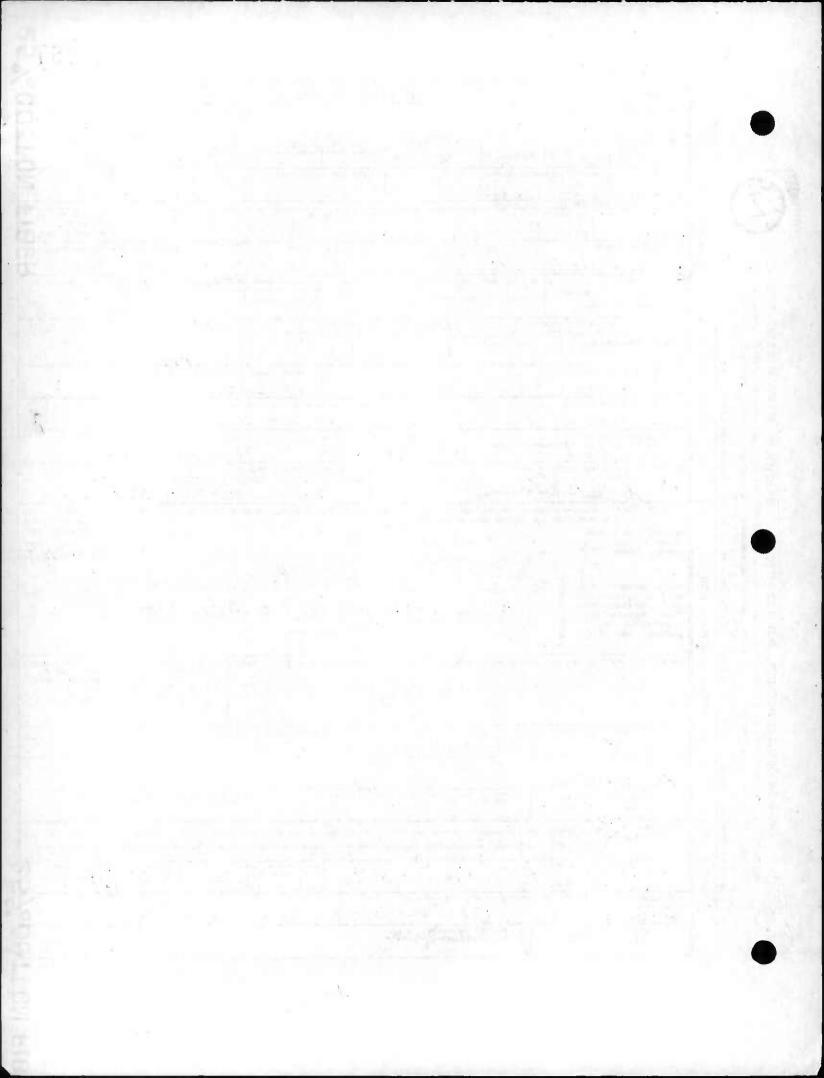
1	FOR STATE DECISTRAD
	REGISTRAR

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, L	est)	CERTI	FICATE O	PDEATH	2. DATE OF DE	G. NO.		3. TIME OF DEATN	
	Frances A.	Rosenthal				Sept	11	1954	3:10 a.m.	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	тн		IPLACE (State or Foreign	
	119-36-6663	1 🗆 M 2 💢 F	89 YRS.	MONTHS DAYS	HOURS MIN.	Mar 27	1905	Countr	ania	
-	9e. FACILITY NAME (If not institution,			9b. CITY, TOW	N OR LOCATION OF D			DUNTY OF D		
DIRECTOR	1801 E. Jeffers	on St. #120)	Rockvi	11e	Montgo			omery	
<u> </u>	10e. STATE 10b. CO		10c. C	ITY, TOWN DR LO	CATION				10d. INSIDE CITY	
吉	Maryland Mon	tgomery	Ro	ckville					LIMITS?	
	10e. STREET AND NUMBER				101. ZIP CODE		10g. C	ITIZEN OF V	VHAT COUNTRY?	
Ĕ	1801 E. Jeffers	on St. #120)		20852		1	USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	T EVER IN U.S. ARMED YES 2 NO MAR OR DATES	If yes,	ECENDENT OF HISPAI specify Cuban, Mexico ES 2 NO Specifi	en, Puerto Ricen, a	cify Yes or No-	14, RACE Black Speci	E — American Indian, k, White, etc. ite		
	15. DECEDENT'S (Specify only highest		16a. DECEDENT	'S USUAL OCCUPA	TION	16b. KIND	OF BUSINESS/		100	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+	•)	of work done during use retired.) Teacher		Educ	ation			
ō	17. FATHER'S NAME (First, Middle, Last				AME (First, Middle,)			
BEC	Samuel Adelman				Sadie S	ilberma	n			
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILI	IG ADDRESS (Street	et end Number or Rural	Route Number, City	or Town, State,	Zip Code)		
2	Jandy Blaine				ade Lane					
	1 St Suriet 2 ☐ Cremetion 3 St 4 ☐ Donation 5/☐ Other (Specify)		20b. PLACE AND DAT cemetery, cremetory o Knollwood	d Cemete	ry	9/12 Queens, N.Y.				
	21. SIGNATURE OF PUNERAL SERVICE	LICENSSE		Danz	ansky-Gol	dberg M			pels MD.20852	
	23. PART I. Enter the diseeses, shock, or haert fall	or complications the	t ceused the deeth. Do						Approximate Interval Batween	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. 5	EPSIS						Onset and Death	
		DUE TO	COR AS A CONSEDUENCE	E U	CER	MILER	Car	DULA		
	Sequentially list conditions, if any, leeding to immediate	b. OUE TO	(OR AS A CONSEDUENCE	OF):		OVER	290	4101		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	c. MC DUE TO	(OR AS A CONSEDUENCE	VI-ARC	T DE	EMEI	VTI	A		
	PART II. Other significant cond	Itlons contributing to	death but not resulting	g in the underly	ing cause given in	Part I. 24a, V	MAS AN AUTOPS PERFORMED?	Y 24b.	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
PHYSICIAN: MEDICAL							YES 2 NO		COMPLETION OF CAUSE DF DEATH? 1 YES 2 ND	
Z I	25. WAS CASE REFERRED TO MEDICA			26.	PLACE OF DEATH (C)	heck only one)				
2	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	ome 5 Residence	6 Other (Spec	(hc)			
Ē	27. MANNER OF DEATH	28e. DATE DF	INJURY 28b. T	ME DF 28c.	NJURY AT	28d. OESCRIBE	**	OCCUREO		
1	1 Natural 5 Pending Investigat			M 1[WORK? YES 2 NO					
- 10	3 Suicide 6 Could no determine	building,	F INJURY — At home, farm atc. (Specify)	i, street, factory, o	fice	281. LOCATION : City or Town		ber or Rural F	Route Number,	
COMPLETED			my knowledge, death occu						e) end menner ee stated.	
O BE C	296. SIGNATURE AND TITLE OF CERT	m. Allen	ding Phy	Sitition	29c_LICENSE NU	MBER 84	29d. 0	9/1	1194	
	30. NAME AND AGORESS OF PERSON	LMD 6	SE OF DEATH (ITEM 27) (TY	ROSE A	20, Rock	VILLE	мр.	2085		
	31. DATE FICED THOUTH, Day, Year O	A 32 REGISTER	R's SIGNATURO ON CAR	2.		1				

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

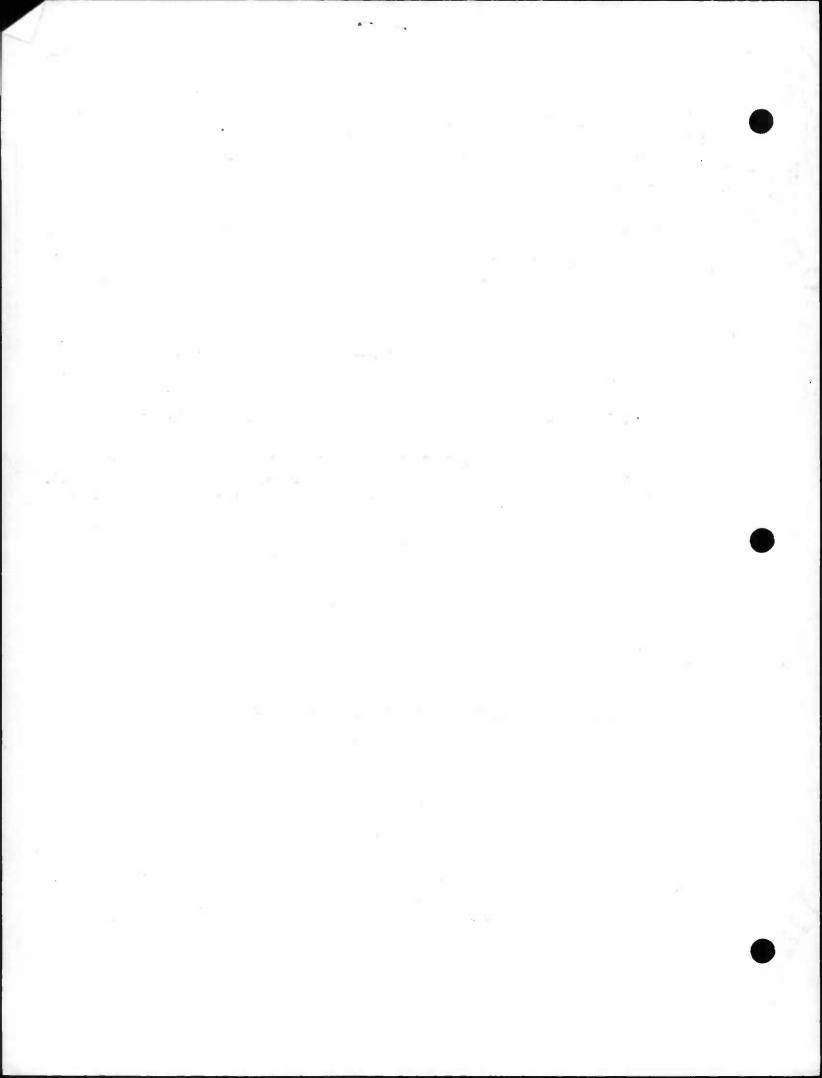
	REGISTRAR		CEI	KIIFK	CATE OF	DEATH	REG. NO				
- 3	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF OEATH			3. TIME OF DEATH	
A	GEORGI	E CONRAD	SCHLAF	FF:R			Sept. 18,	1994	YEAR	4:00 PM m	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest b		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		a BIRTH	PLACE (State or Foreign	
- 1	217 20 5400		68	· · · ·	ONTHS DAYS	HOURS MIN. 1	Nov. 13, 1	925	Country	y)	
- 1	217-20-5488			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF						aryland	
~	9a. FACILITY NAME (If not institution, give st			1	b. CITY, TOWN			9c. COU			
0	109 Brandywine H	Place				Bel Ai:	r		Har	ford	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY										
DIRECTOR		Harford		10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?	
	Maryland		Bel Air						1 TES 2XXNO		
- Z	10e. STREET AND NUMBER				10	f. ZIP CODE		t0g. CIT	IZEN OF W	HAT COUNTRY?	
FUNERÅL	104 Brandy	wine Place	Э			2101	4		J	JSA	
5	11. MARITAL STATUS	12. WAS DECEDENT EX			13. WAS DE	ENDENT OF NISPAN	IIC ORIGIN? (Specify Yes	or No-	14. RACE	— American Indian,	
	1 Never Married 2 Married	FORCES? 1 V	YES 2 ∐NO OR DATES			ecify Cuban, Maxica 2 2 XNO Specifi	n, Puarlo Rican, etc.)		Speci	, White, atc.	
B	3∑ Widowed 4 □ Divorced	IF YES, GIVE WAR	Ĺ						Opec	"white	
	15. DECEDENT'S EDUC		16a. DECE	EOENT'S U	SUAL OCCUPATI	DN	16b. KIND OF BUS	SINESS/INC	OUSTRY		
L .	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give	kind of wor to NOT use i	rk done during m retired.)	ost of working					
리	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4	Ele	ectri	ical En	gineer	Gas	and I	Elect	ric	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)						ME (First, Middle, Maiden				
	John Conrad Sch	laffor					Addie Pedr				
B	19a. INFORMANT'S NAME (Type/Print)	narier									
6	Neal C. Schlaffer						Route Number, City or Tow				
			Τρ.	z Far	m Road	, Aberde	en, Maryla	nd 2	5T001		
. 1	20a. METHOD OF DISPOSITION 1 □ Burial 2-© Cremation 3 □ Remo	oval from State	20b. PLACE AN	DDATEOF	DISPOSITION (N	ama of	DATE 20c. LO	CATION —	City or To	wn, Stata	
	4 Donation 5 Other (Specify)		R. A. 1	Ferri	Ls & Co	., Inc.	9/24/94 W	est (Chest	er, PA	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME A	ND ADDRESS OF FA	CILITY				
	* Alink //	Merali					omas III F				
-	22 PART STANDARD	1400919			T3T/	Cokesbur	y Road, Ab	ingdo	on, M	ld. 21009	
1	23. PART I. Enfar tha diseases, Dr o shock, Dr heert feliure.	Umplicetions thet ce	sused the deet	n. Do no	1 enter the mo	ide of dying, suc	h es cerdiac or reapi	ratory er	rest	Approximate	
		List Drily Olia Cause	on aach line.						,		
- 1	IMMEDIATE CAUSE (Finel	In a	on each line.	×					,	Interval Between Onset and Death	
	IMMEDIATE CAUSE (Finel disease or condition	in Mo	on each line.	Te						Interval Between	
	IMMEDIATE CAUSE (Finel	Mo	AS A CONSEQU	ENCE OF):		levusi				Interval Between	
z	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Mo	This	ENCE OF):						Interval Between	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DNMN-16 Rav 1/89



FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	TIEGISTIAN	-			ICALE	OI.	DLAI	11	н	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF (DEATH	Y	YEAR	3. TIME OF DEATH
- 1	Jack Leslie	SPORE							Sept.			· CAII	3:30 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	#F UNDER 1		# UNDER		7. DATE OF E			8. BIRTH Countr	PLACE (State or Foreign
	396-05-1778	1 💢 M 2 🗆 F	76	YRS.	WONTHS	DAYS	HOURS	MIN.	July		9 18		sconsin
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA							
8	Rt. 2, Box 9-12			Sw	anton	1			Garrett				
티	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1	10c. CITY, TOWN OR LOCATION							7			
DIRECTOR	120 mm			1								10d. INSIDE CITY LIMITS?	
	MD G.	arrett		Swanton								1 YES 2 X NO	
₽ I						101	. ZIP CODE		10g. CITIZEN OF WHA			/HAT COUNTRY?	
FUNERAL	Rt. 2, Box 9-12					\bot		21561				JSA	
3	11. MARITAL STATUS 1 Never Married 2 X Married		X YES 2	RMED NO	13. W	AS DEC	ENDENT OF ecify Cuban	F HISPANI 1, Maxican	C ORIGIN? (S	pecify Yea i, alc.)	or No-	14. RACE Black	— American Indien, , Whita, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES				2 X NO					Speci	
	15. DECEDENT'S EDU			FCEDENT'S	USUAL OCC	CHPATIC	N.		185 KIN	D OF BUS	INEGO/IN	DUCTOV	White
E 1	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +	(0	ive kind of v	work done du	uring mo	st of working	g	Tou. Kill	0 0 000	III JOZINI	DOSTRI	
占	Living (0-12)	1		pecia	al As	sis	tant		II.S	. Vei	terai	n's A	ffiars
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							IER'S NAM	IE (First, Middle				
	Harry	Spore						da	2002 2000 2			Pauls	son
BE (19a. INFORMANT'S NAME (Type/Print)	-	19	b. MAILING	ADDRESS	(Street a	nd Number	or Rural Ro	oute Number, C	City or Town			
2	Eleanor J. Spore		R	t. 2.	. Box	9	12. S	want	on, Ma	arv1a	and	2156	51.
	20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE (OF DISPOSIT	-						City or To	
i	1 🂢 Burial 2 □ Cremation 3 □ Rame 4 □ Donation 5 □ Other (Specify)	oval from State	cemetery, cre Garr	emetory or o	ther place)	em.	Gard	lens	9/9				
	21. SIGNATURE OF FUNERAL SERVICE LIC	NSEE					ID ADDRES			ouic.	Lana	, mar	yrana
	> Budley A	Localle							ral Ho		land	MD	21550
	32 S. Second St., Oakland, MD 21550 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory streat, Approximate												Approximate
	ahock, or heart failure. iMMEDIATE CAUSE (Final		1	/	/			\					Interval Between Onset and Desth
	disease or condition resulting in death)	IN	etasta	ixic	Lu	NS	(9	NCO					
	resorting in deetily		(OR AS A CONSE										
z													
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
5	Cause. Enter UNDERLYING CAUSE (Disease or Injury	с											
쁘	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):								
E	resulting in death) Exst	d											
2	PART II. Other significant condition	s contributing to	death but not	reaulting	In the und	deriying	cause g	iven in F	Part I. 24a	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL										PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_ '	YES 2	X NO		OF DEATH?
Σ	-								-				1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 Pt	ACE OF DE	ATH /Chor	rk nah naal				
PHYSICIAN: M	EXAMINER? 1 ☐ YES 2 😿 NO	HOSPITAL:	ER/Outpetlant 3	no.	OTHER:	:							
Ĭ	27. MANNER OF DEATH	28a. DATE OF		28b. TIM		26c. INJ			28d. DESCRIE		LJURY OC	CURED	
	1 Natural 5 Pending	(Month, Da	ny, Year)	INJ	URY M	t 🔲 t	RK?			100			
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	F INJURY — At he	ome, term, s	street, factor				28f. LOCATIO	N (Street a	nd Numbe	r or Rural F	loute Number
COMPLETED	4 Homicide detarmined	building,	etc. (Specify)						City or To	wn, State)			
"	29a. CERTIFIER	CIAN: To the heat of	an brandida d	4					S 105	7.70	C 750		
Z	(Check only one) 1 X CERTIFYING PHYSI ONE)		/										
8		- 1		wive any and	ni, in my opi	milon, o				prece, en	due to t	ne cause(a	and memner as stated.
B	296. SIGNATURE AND TITLE OF CERTIFIES	//	2	1				NSE NUMI					(Month, Day, Year)
₽	30. NAME AND ADDRESS OF PERSON WITH			1				D239	/9		_	9/5/	1994
								_					
	Dr. Robert Gorals		311 N.	Four	th St	ι.,	0akl	and,	Maryl	and	215	50	
	31. DATE FILED SEED DOWN 199	4 July	AUCULAN-	dell									
1		111											

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

AbunauA (

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DHMH-16 Rev 1/89

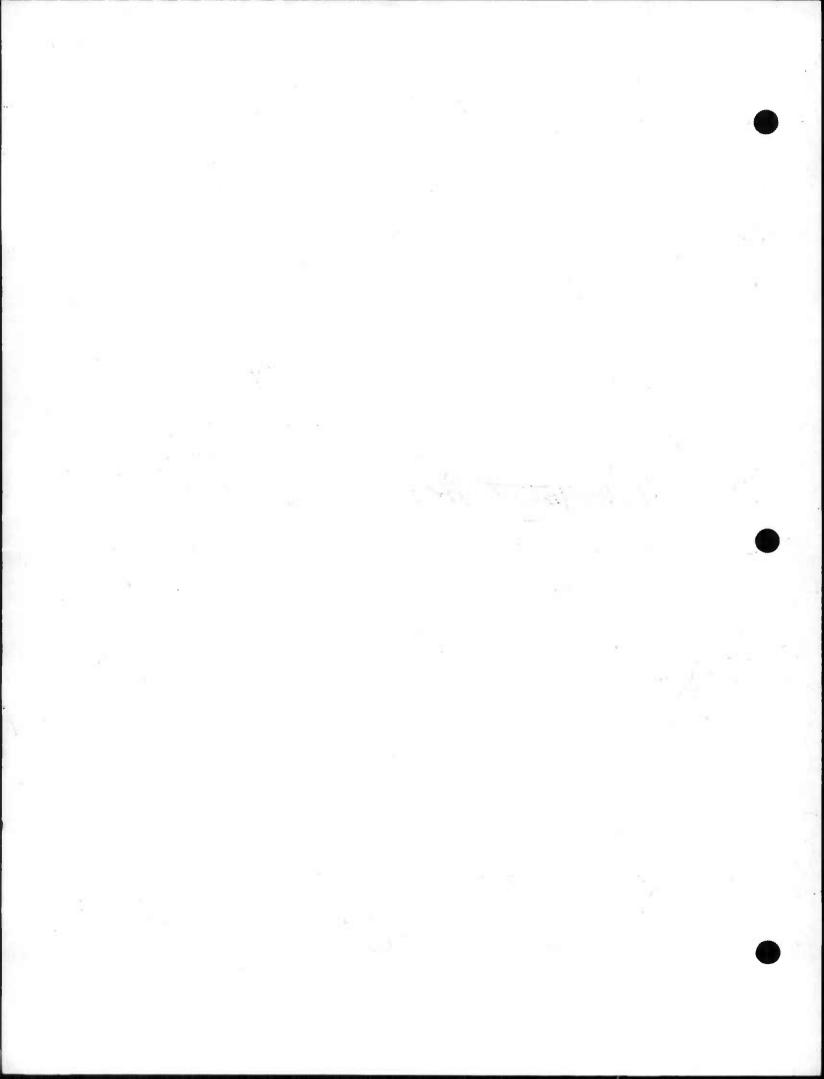
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5	ENDING PHYSICIAN: TI	abite on
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						_										
	1	1. DECEDENT'S NAME (First,									MONT			YEAR	. TIME OF DEATH	
	1 8		PAULIN									rember		1994	5:44 A ^M	
		4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs.	. lest birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	(Monti	OF BIRTH h, Day, Year)		Country)	ACE (State or Foreign	
pinou		213-44-1869 9e. FACILITY NAME (# not in			81	rna.	04 0171	TOMOL	20.1.0045	011.05.01		4, 19	_	MARY		
	E E	RT. 1 BOX		treet and number)			96. CITY		OR LOCATI NTON		EATH		GARR	TY OF DEAT	ЛН	
70	DIRECTOR	RESIDENCE OF DEC											GAIG	LII	-	
(上)	뿐	10a. STATE	10b. COUNTY				ry, town (TION					10	Dd. INSIDE CITY LIMITS?	
THE PARTY		MARYLAND 10e. STREET AND NUMBER	G.	ARRETT		SW	ANTO								YES 2 NO	
# Ja	VERAL	RT. 1 BOX	1.6					10	. ZIP COD				- 1	TIZEN OF WHAT COUNTRY?		
	FUNE	11. MARITAL STATUS	40	12. WAS DECEDEN	T EVER IN II S	ARMED	12	WAS DEC	215		NIC OBIGI	12 (Casalty Van		USA No. 14. RACE — American Indian.		
UUZU ig physician ne burial-fra		1 Never Married 2 🔀		FORCES?	YES 2	NO		If yes, sp	ecity Cubi	in, Maxica	ANIC ORIGIN? (Specify Yea or No— can, Puerto Ricen, etc.)			Black, V	White, atc.	
F 2 -	BY	3 Widowed 4 Divo	rced	11 125, 0112	MAN ON DATES	1 🗆 YES 2 🔀 NO Spec					ry:			Specify:	WHITE	
r attenduse as	日日		EDENT'S EDU highest grade	16a.	(Give kind of	(Give kind of work done during most of working					. KIND OF BUS	SINESS/INDU	ISTRY			
tal or lor u	E	Elementary/Secondary (0	-12)	College (1-4 or 5		life. Do NOT use retired.)										
he hospit detached	립	17. FATHER'S NAME (First, M.	1	HEAD COOK						HOSPI		AFETE	RIA			
by the be det			NKLIN	RODEHE	AVER				1 - 1 - 1	HER'S NA ACE	ELL!	Middle, Maiden		E		
ned by pould the	BE	19a. INFORMANT'S NAME (7)		RODLIIL	TVER	195 MAII IN	CADDRES	2 /Stenet	1			ber, City or Town	CROBI			
retained 5 should	임	RUSSELL T.			İ	RT.)X 4			TON,		21541	Code)		
may be		20s. METHOD OF DISPOSITI	ION	ovel from State		CEANDDATE	OF DISPOS	ITION (No	me of	D W1111	OAT		CATION — C	ity or Town	, State	
Feet 6		4 Donation 5 Other	(Specify)		DEER	PARK	CEMI	ETER	Y		9/	13 DEE	R PAR	K, MA	ARYLAND	
death. Pag death. Pag funeral di i.		21. SIGNATURE OF FUNERA	SERVICE LIC	ENSEE	_		22.	NAME A	ND ADDRE	SS OF FA	CILITY	P.	О. ВО	X 243		
or death. The funeral		MODILIT MODILOT DURST FUNERAL HOME - OAKLAND, MD 21550														
Ic at		23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between														
filled littion, or the me		shock, or heert fallure. List only one ceuse on eech line. IMMEDIATE CAUSE (Fibel Oneet end Des											Oneet end Death			
with pletely fille cremation, the		disease or condition ALZ HeImers DISeuso														
8 5 - 6	l l	disease or condition														
and and bur	CATION	Sequentielly list conditions, oue TO (OR AS A CONSEQUENCE OF):														
ficate be e physician ne prior to	CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury														
nding physicate progression of the transfer of	CERTIFI	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST														
F 8 5 0	H	d														
in the	AL (PART ii. Other significe	ot reculting	ng in the underlying ceuse given in Part I. 24a. WAS AN AU PERFORME						ERE AUTOPSY FINDINGS						
that that and and	DIC										_	1 TYES 2		CC	MILABLE PRIOR TO OMPLETION OF CAUSE FOEATH?	
quires that it is signed if Health a	ME												21		YES 2 NO	
he law requires has been sign bept, of Healt n 23 shows																
The The	SICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		LACE OF D	EATH (Ch	eck only or	10)				
SICIAN: The certificate the State	YSI	1 TYES 2 X NO		1 Inpatient 2			4 🗆 Nur		10 5 X R	aldencs	6 🗌 Othe	r (Specify)				
Ke with H	РНҮ	27. MANNER OF DEATH 1 XX Natural 5	Pending	28a. DATE OF (Month, L		28b. Til	JURY M		URY AT ORK? YES 2	¬ NO	28d. OES	CRIBE HOW II	NJURY OCC	JREO		
After death	ВУ	2 Sulaida	Investigation	26a. PLACE (OF INJURY — A	t home, farm.					26f 1.00	ATION (Street a	and Number	or Rural Bour	te Number	
CTOR: after	TED		Could not be detarmined	building	atc. (Specify)			,		i i		or Town, State)		r rarar rage	o manuo,	
DIRE Hours	4	29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	f my knowledge	desth occur	red at the t	lme, date	and place	and due	to the cas	use(a) and men	nor as state	d		
4 7 2 = 1	СОМР														nd manner as stated.	
HE HO HE FUI	ш	296. SIGNATURE AND TITLE	OF CERTIFIES		a.	1			29c, LIC	ENSE NUI	MBER		29d. DATE	SIGNED (M	lonth, Day, Year)	
TO THE HOSPIT TO THE FUNERA be filed within 7 IMPORTANT: (TO B	04	man	Tuck	2 И	0	0		H26	154			▶ 9	/12/9	94	
	-	P. DANIEL M			,	G.W.		R'	T. 13	35 E	. 0/	AKLAND	MD	21550)	
		31. DATE FILEO (Menta Pay,	Shariff.													
		SEE .	LZ 199	14 Julia	ARS SIGNATUR	Rashel	31.									

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)	Jacquelyn Ma	y Hooner	Shortt		2. DATE OF DEATH MONTH DA			3. TIME OF OEATH		
	Ja Cquely		ortt			9 13		YEAR	4:05	Ам	
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		8. BIRTNP	LACE (State or Foreign	n	
	216-30-5047	1 🗌 M 2 💢 F	OU YRS.			3/11/1934		,,	Maryland		
œ	9e. FACILITY NAME (If not institution, give str	eet and number)	9	b. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUN	TY OF DE	ATH		
DIRECTOR	Frederick Memoria	l Hospital	F	rederic	k		Frede	rick			
REC	10e. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?			
	Maryland Freder:	ick	Walke:	rsville				1X YES 2 NO	,		
3AL	10e. STREET AND NUMBER			ZIP CODE		10g. CITIZ					
FUNÉRAL	49 Sherwood Dr.				1793		USA				
	1 Never Merried 2 Merried	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 X NO	If yee, sp	cify Cuben, Mexicer	IIC ORIGIN? (Specify Yee n, Puerto Ricen, etc.)	or No-	14. RACE - Black,	- American Indian, White, etc.		
ВУ	3 Widowed 4 N Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 NO Specify	r:		Specify	White	i	
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DECEDENT'S US (Give kind of work			18b. KIND OF BUS	SINESS/INDU	ISTRY		\neg	
9	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	etired.)							
MP	1.2 17. FATHER'S NAME (First, Middle, Last)		Loan Off:	icer		Bankin					
	Leroy E. Hooper			ME (First, Middle, Maiden		a Da					
H	19a. INFORMANT'S NAME (Type/Print)	-	19h MAII ING AF	nners) 293900		e M. Emge			ce	-	
2	Raymond Shortt					lestown, P					
	20e. METNOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remo	20b	PLACE AND DATE OF I	DISPOSITION (Na		90/1E6 20c. LO		n, State	$\overline{}$		
	4 Donetion 5 Other (Specify)		etery, cremetory or other Glade C	emetery		1994 Walk	ersvi	Marylan	d		
	21. SIGNATURE OF FUNERAL SERVICE LICE	ensule /	1/			Stauffe					
	M. Dousa	a Steer	to	40 Fu1	ton Ave.	, Walkersv	ille,	e, Maryland			
	23. PART I. Enter the diseases, or co shock, or heart sillure. L	omplications that gauss	the death. Do not	enter the mo	de of dying, such	as cerdiac or reepi	ratory arre	st,	2179 Approximate		
	IMMEDIATE CAUSE (Finel	n cade on e	4						Oneat end De		
	disease or condition resulting in death)	- brea	1X	and	19						
		DUE TO (DR AS A	CONSEDUENCE OF):								
0 N	Sequentielly list conditions, if any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF):								
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury										
E	that initieted evants resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION	d d										
ALC	PART II. Other eignificant conditions	contributing to death b	ut not reculting in t	the underlying	ceuee given in	Pert I. 24a. WAS AN			WERE AUTOPSY FINDIN	NGS	
20						1 YES 2			AVAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?	SE	
ME									1 ☐ YES 2 ☐ NO		
PHYSICIAN: MEDIC											
ICI.		HOSPITAL:		THER:	ACE OF DEATN (Che					\dashv	
HYS	27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	28b, TIME C		5 Residence	8 Other (Specify) 28d. DESCRIBE NOW 1	WILLIBY OCCI	IBED			
	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJUR	Y WO	RK? ES 2 NO						
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— Al home, ferm, stre	et, fectory, office	,	281. LOCATION (Street a City or Town, State)	and Number o	or Rural Ro	ute Number,	\neg	
E	4 Nomicide determined	January, etc. (opse				City or lown, States					
PLE	290. CERTIFIER CERTIFYING PHYSIC	IAN: To the best of my know	ledge, death occurred a	nt the time, date	end place, end due	to the cause(e) end men	mer se atate	d.	<u>-</u>		
Solicide Solicide									end manner ee state	d.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	- 04	- 0		29c. LICENSE NUM	IBER /	29d. DATE	SIGNED (Month, Day, Year)	\neg	
TO B	wullen !	N K	W		N3218	7	1911494				
	Andrew Zarick 31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIGN	ATURE F	rederio	ck St., V	Valkersvil	le, M	D		\dashv	
	SFP 1 9 199	32. REGISTRAR'S SIGN	volen Randal	À.							
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FOR 1 - STATE

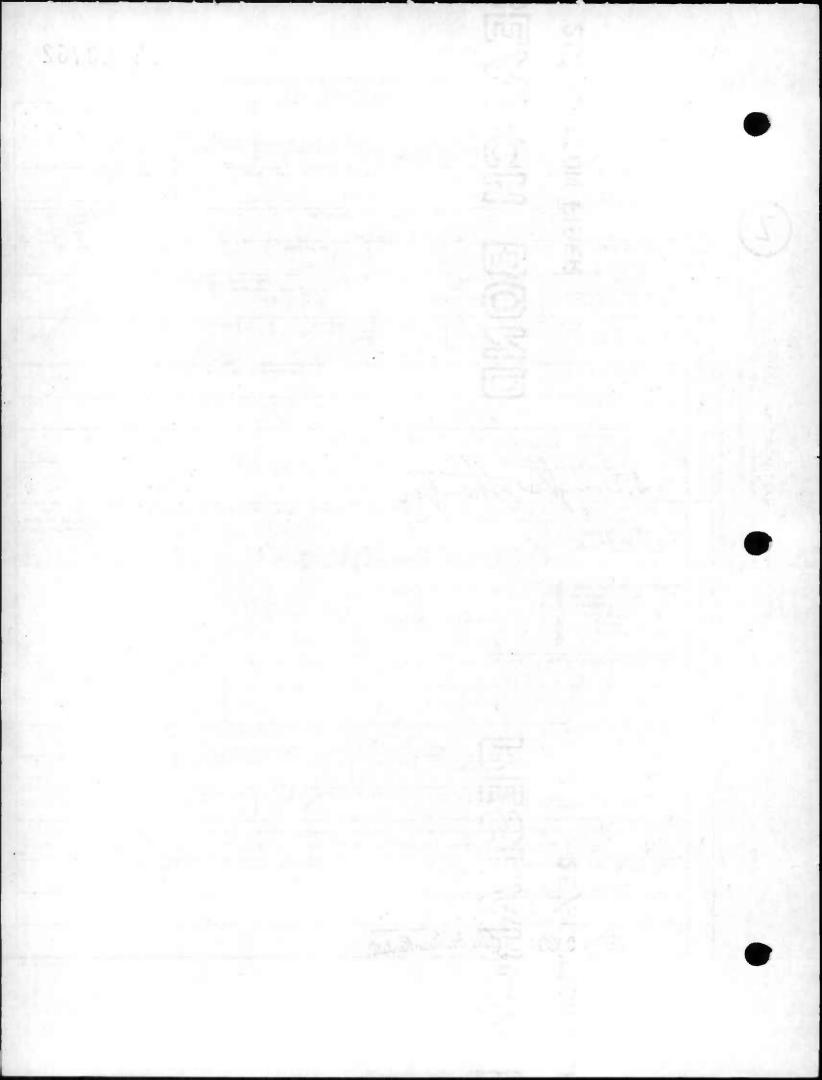
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Las.									
	t)				2. DATE OF	DEATN		3. TIME OF DE	ATN
BETTTE	Regina	STALEY	7		Sept.	15, 1		7:3	0 4
4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			BIRTHPLACE (State or	
218-30-7883	1 M 2 K F	63 YRS.	MONTHS DAYS	HOURS MIN.	(Month, D	ay, Ybar)		Country)	
		OJ TRS.				9, 1930		Maryla	and
9e. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF E	DEATN	90	COUNTY	OF DEATN	
9625 Dublin			Walkers	sville		F	rede	rick	
RESIDENCE OF DECEDENT									
10a. STATE 10b. COUN		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CI LIMITS?	TY
Maryland Fred	erick	Wa	lle				1 X YES 2 [NO	
10e. STREET AND NUMBER	111111111111111111111111111111111111111			H. ZIP CODE		10	g. CITIZEN	OF WHAT COUNTRY	,
9625 Dublin Rd.			,	11702		,,			
11. MARITAL STATUS	12. WAS DECEDENT EV	VED IN U.S. ADMED	21793 DECEMBENT OF HISPANIC ORIGIN? (Specif			JSA			
	1 Never Married 2 Merried FORCES? 1			DECITY CUDEN, Maxic	en, Puerto Rice	Specify Yes or N m, atc.)	14.	. RACE — American In Black, White, etc.	dien,
3 N Widowed 4 □ Divorced	IF YES, GIVE WAR	OR DATES	1 🗆 YE	S 2 NO Spec	lfy:			Specify:	
								White	,
15. DECEDENT'S ED (Specify only highest gra	16e. DECEDENT'S (Give kind of	USUAL OCCUPAT work done during m se retired.)	ION lost of working	16b. KI	ND OF BUSINE	SS/INDUS	TRY		
Elementary/Secondary (0-12)	life. Do NOT us	se retired.)							
8		Homemal	ker		se]	.f			
17. FATNER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Mick	dle, Maiden Sum	ame)		
Luther M. Main				Hall to the state of the state					
19e. INFORMANT'S NAME (Type/Print)		40h 255H 110	ACODECO /Chi	Annie V			-h- 7- 6	-del	-
Susan Hoffman				Rd., Walk					
20a. METHOD OF DISPOSITION 1 \(\tilde{\Delta} \) Buriel 2 \(\tilde{\Delta} \) Cremetion 3 \(\tilde{\Delta} \) Re	amoval from State	20b. PLACE AND DATE	OF DISPOSITION (A	lame of	9/15/	20c. LOCATI	ON - City	or Town, State	
4 Donation 5 Other (Specify)	The state of the s	cemetery, cremetory or o	en Memor	ial Gard	1.1994	. Marylan	d		
21. SIGNATURE OF FUNERAL SERVICE	VICENSEE //	-/-	22. NAME A	NO ADDRESS OF F	ACILITY C+	eral Home	u		
19	LIST	- //							
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DHMH-16 Rev 1/89

iours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed win hours aher of TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, IMPORTANT, If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical expenses. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

illed in by the funeral director, page 5 should be detached for use as the burial-transit



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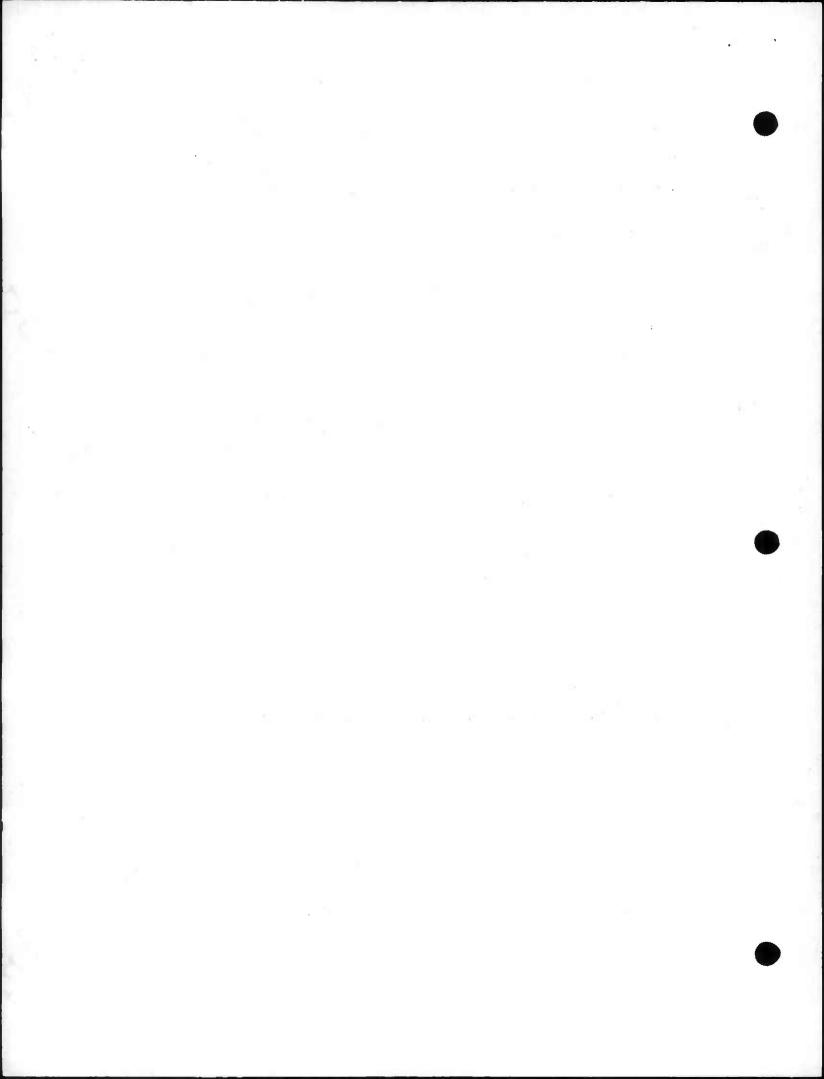
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnel-trient be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
		Thomas	Shoty	well		Beptember		94 4:30 PM			
			-	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)			
	215-18-0107 9e. FACILITY NAME (If not institution, give street	⊠ M 2 □ F 73				Jan 3, 19	Virginia				
œ	3330 Laurel Grove				R LOCATION OF DE	ATH	St. Mary's				
6	RESIDENCE OF DECEDENT				200 11110		ot. Mary s				
DIRECTOR	Marria and Ch. M	(a.e)	200	TOWN OR LOCAT				10d. INSIDE CITY LIMITS?			
	Maryland St. M.	ary's	Med	chanics	Ville		Lan- OFFITE	1 YES 2 NO			
FUNERAL	3330 Laurel Grove	Road			20659			S.A.			
3		, WAS DECEDENT EVER I				HC ORIGIN? (Specify Yes	or No — 14.	RACE — American Indien,			
ВУБ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR C			2 X NO Specify	n, Puerto Rican, etc.)	TATA	Bleck, White, etc. Specify: 11 EE			
	15. DECEDENT'S EDUCATION	ION	18e. DECEDENT'S US	LIAL OCCUPATIO	IM.	16b. KIND OF BU					
	(Specify only highest grade com	opleted) College (1-4 or 5+)		k done durina mo:		100.11110-01-001	3111237111903				
AP.	7th Grade		Farmer			Farm					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Clara I sans	1.1			ME (First, Middle, Malden					
BE	Edgar 190. INFORMANT'S NAME (Type/Print)	Shotwe			Lily		Moo	-4			
2	Gail M. Gance					Houte Number, City or Yow Hollywood,		· ·			
	20e. METHOD OF DISPOSITION	200	b. PLACE AND DATE OF			Lywood, MD 20636 ATE 20c. LOCATION — City or Town, State					
	1 Donation 5 Other (Specify)	from State	etropolita	n Crema	atory 9	/16/94 A	lexand	ria, Virginia			
	21. SIGNATURE OF FUNERAL SERVICE LICENS		1		ome, P.A.						
	11/lichael Je	Dard	(ines)			ryland 20650					
	23. FART Enter the diseases, or com shock, or heart failure. List	plicatione that ceuse	d the deeth. Do not	enter the mo	de of dying, sucl	h se cerdisc or reep	iratory erreet				
- 1	IMMEDIATE CAUSE (Fine)					interval B					
	disease or condition resulting in death)	CARDLO DUE TO (OR AS	1-146	MONA	RY +	TRKES	: 51				
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Ä	PART II. Other significent conditions of	ontributing to deeth i	but not resulting in	the underlying	ceuse given in	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ă	DEARCTE				AILU	1 U YES 2	NO	OF DEATH?			
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PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	NIKIBUIE IO	CAUSE OF L		S NO	ack only one)					
SIC		OSPITAL:	petient 3 DOA 4	THER:		8 Other (Specify)					
YH.	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJ		28d. DESCRIBE HOW I	NJURY OCCUR	ED			
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spe	f — At home, ferm, stre	et, factory, office		281. LOCATION (Street of City or Town, State)	end Number or	Rural Route Number,			
L											
COMPLETED	(Check only		he best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.								
	29b. SIGNATURE AND TITLE OF CERTIFIER	n the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner ex									
BE	Videraga	gav th	29d. DATE SIGNED (Month, Day, Year)								
2	30. NAME AND ADDRESS OF PERSON WHO C	PLETED CAUSE OF DE	OF DEATH (ITEM 27) (Type, Print)								
	V. Sagar, M.D.	·	Cha								
- 1	31. DATE FILED (Month, Day, Year) SEP 19 1994	32. REGISTRAR'S SIGN	MITURE P. 1.17								



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	TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 mours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner m
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLA						MENTA						
i ,	1. DECEDENT'S NAME (First, Middle, Last) MARTHA T	. s	COTT								MY 3	YEAR 94	3. TIME OF DEATH		
1	4. SOCIAL SECURITY NUMBER 578-01-4991	5. SEX 1 M 2 F	6. AGE (In 82	yrs. last birthday) YRS.	IF UNDE	R 1 YEAR DAYS	IF UNDE HOURS	R 24 HRS, MIN.			1,19	Count	HPLACE (State or Foreign Try) IRGINIA		
	SHARON NURSING H						OR LOCAT	ION OF D	EATH			NTGOMERY			
	10a. STATE 10b. COUNTY	GOMERY		10c. CIT									10d, INSIDE CITY LIMITS? 1 YES 2 NO		
	100. STREET AND NUMBER 10178 SHELLDRAKE	CIRCI	Æ			101	I. ZIP COD	_	72		1.5		WHAT COUNTRY?		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1	MAS DECEDENT EVER IN U.S. ARMED ORCES? 1 YES 2 NO				13. WAS DECENDENT OF HISPANIC ORIGIN					14. RACI	E — American Indian, k, Whita, atc.		
	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 1 2	completed)	-)	(Give kind of a life. Do NOT us	work done se retired.)	during mo	st of work		18b			DUSTRY			
Ш	17. FATHER'S NAME (First, Middle, Last) JOHN TURNER		18. MOTHER'S NAME (First, Middle, Maiden Surname) LUCINDA SHELTON												
		ES		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co SAME AS #10						Code)	-				
	1 Burist 2 Cremation 3 Remote 4 Donation 5 Other (Specify)			CREMATORY 9/					9/1						
	Murief	Ba	rh							ME	20882				
	23. PART I. Enter the disesses, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	let only one cau	se on eac	NIA	not ente	r the mo	de of dy	lng, suc	ch as card	lisc or reap	Iretory art	rest,	Approximate Interval Between Onset and Daath		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST														
	d.	contributing to	daeth but	not resulting	In the u	ndariying	cause	givan In	Part I.	24s, WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS		
									1 Part I. 24a. WAS AN AUTOPSY PERFORMEO? 1 □ YES 2 ☑ NO				AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
		HOSPITAL:	EB/Outpati	ant 2 DOA		R:									
!	27. MANNER OF DEATH 1 Metural 5 Pending	28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJ WO	URY AT				NJURY OCC	CURED			
	3 Suicide 8 Could not be determined	26s. PLACE Of building,	F INJURY — etc. (Specify	At home, farm, s	street, fac	tory, office	1		28f. LOC City	ATION (Street or Town, State)	and Number	or Rurai F	Route Number,		
) and menner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER JEJUST . 30. NAME AND ADDRESS OF PERSON WHO	MD									29d. DAT	E SIGNED	(Month, Dey, Year)		
		1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) MARTHA 4. SOCIAL SECURITY NUMBER 578-01-4991 9a. FACILITY NAME (If not institution, give sti SHARON NURSING H RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND 10a. STATE 10b. COUNTY MARYLAND 10a. STREET AND NUMBER 1 O 1 78 SHELLDRAKE 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade of the county of the county) 1 County Nighest grade of the county of the co	1. DECEDENT'S NAME (First, Middle, Lest) MARTHA T. S 4. SOCIAL SECURITY NUMBER 578—01—4991 9a. FACILITY NAME (If not institution, give street and number) SHARON NURSING HOME RESIDENCE OF DECEDENT 10a. STATE MARYLAND 10b. COUNTY MARYLAND 10c. STREET AND NUMBER 1 0178 SHELLDRAKE CIRCL 11. MARITAL STATUS 1 Never Merried 2 Married 3 Middle 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5-6) 1/2 17. FATHER'S NAME (First, Middle, Last) JOHN TURNER 19a. INFORMANT'S NAME (Type/Firit) BARBARAANN STAKES 20a. METHOD OF DISPOSITION 1 Devitet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MACLE 23. PART I. Enter the diseases, or complications that shock, or heart fellure. List only one cau iMMEDIATE CAUSE (Final disease or condition) resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to CONGESTIVE HEART PRIMARY PROGRESS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation Investiga	1. DECEDENT'S NAME (First, Middle, Last) MARTHA 1. DECEDENT'S NAME (First, Middle, Last) MARTHA 1. SCOTT 4. SOCIAL SECURITY NUMBER 5. SEX 1	1. DECEDENT'S HAME (First, Middin, Last) MARTHA T. SCOTT 4. SOCIAL SECURITY NUMBER 578—01—4991 3. SEX SCOTT 4. SOCIAL SECURITY NUMBER 578—01—4991 3. SEX SCOTT 5. SEX SCOTT 1. M 2 S F SCOTT 5. SEX SCOTT 5. SEX SCOTT 6. AGE (in yrs. last birthday) SPAN SHARON NURSING HOME 100. STATE MARYLAND 100. COUNTY MARYLAND 100. COUNTY MARYLAND 100. COUNTY MARYLAND 100. COUNTY MARYLAND 100. COUNTY MARYLAND 100. COUNTY MARYLAND 100. COUNTY MARYLAND 100. COUNTY MARYLAND 100. COUNTY MARYLAND 100. COUNTY MARYLAND 100. COUNTY MON TGOMERY 100. CITCLE 11. MARITAL STATUS 1 YES GIVE WAR OR DATES 11. MARITAL STATUS 1 Never Married 2 Married 2 Married 3 Wildowed 4 Divorced 1 SECONDITION 1 SEEDENT'S EDUCATION (Specify) only highinal grade completed) IF YES, GIVE WAR OR DATES 101. DECEDENT'S EDUCATION (Specify) only highinal grade completed) IF YES, GIVE WAR OR DATES 102. METHOD OF DISPOSITION 1 103. OECEDENT'S (Sive kind of) 1 104. DATES 203. METHOD OF DISPOSITION 1 104. METHOD OF DISPOSITION 1 105. METHOD OF DISPOSITION 1 105. METHOD OF DISPOSITION 1 106. METHOD OF DI	1. DECEDENT'S NAME (First, Middle, Leat) MARTHA T. SCOTT 4. SOCIAL SECURITY NUMBER 578—01—4991 5. SEX 5. SEX 6. AGE (in yrz. last birthday) 82 YRS. WONTHS 778—01—4991 99. CIT SHARON NURSING HOME FIESIDENCE OF DECEDENT 109. STREET AND NUMBER 109. TOTAL 119. STREET AND NUMBER 10178 SHELLDRAKE CIRCLE 11. MARTHAL STATUS 11 NON-WINTAL STATUS 11 NON-WINTAL STATUS 11 NON-WINTAL STATUS 12 WES DECEDENT'S EDUCATION (Speedly only highland prode completed) FYES, GIVE WAR OR DATES 13. OCCEDENT'S EDUCATION (Speedly only highland prode completed) Elementary/Becondary (9-12) College (1-4 or 5 +) 12 17. ATHER'S NAME (First, Middle, Leat) JOHN TURNER 199. INFORMANT'S NAME (Fyrat, Middle, Leat) JOHN TURNER 191. INFORMANT'S NAME (Fyrat, Middle, Leat) JOHN TURNER 202. METHOD OF DISPOSITION 1 Burlat 2 (Micrometion 3 Removal from State 4 Donation 5 Other (Speedly) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MARTHOD OF DISPOSITION 1 Burlat 2 (Micrometion 5 Other (Speedly) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MARTHOD OF DISPOSITION 1 Burlat 2 (Micrometion 5 Other (Speedly) 22. MARTHOD OF DISPOSITION 1 Burlat 2 (Micrometion 5 Other (Speedly) 23. PART I. Enter the diseassee, or complication that coused the death. Do not enter shock, or heart failure. List only one cause on each line. IMMEDIATE CALLSE (Final diseases or complication that coused the death. Do not enter shock, or heart failure. List only one cause on each line. PRIMARY PROGRAMS (Micrometion 5 Other (Speedly) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MARTHOD (Micrometion 5 Other (Speedly) 22. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Micrometigation Service Servi	1. DECEDENTS NAME FIRST, Micsin, Last) MARTHAN A. SOCIAL SECURITY NUMBER 578—01—4991 1	1. DECEDENT'S NAME (FIRST, Modell, Last) MARTHA T. SCOTT 4. SOCIAL SECURITY NUMBER 5.78—01—4991 5. SEX 5	1. STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 1. SCOTT 4. SOCIAL SECURITY NUMBER 5. SEX 5. RACE (for yr. last Dimidgly) 50. FACILITY NAME (if not institution, give street and number) 50. FACILITY NAME (if not institution, give street and number) 50. FACILITY NAME (if not institution, give street and number) 50. FACILITY NAME (if not institution, give street and number) 50. FACILITY NAME (if not institution, give street and number) 50. FACILITY NAME (if not institution, give street and number) 50. FACILITY NAME (if not institution, give street and number) 50. FACILITY NAME (if not institution, give street and number) 50. FACILITY NAME (if not institution, give street and number) 50. FACILITY NAME (if not institution, give street and number) 50. FACILITY NAME (if not institution, give street and number) 50. FACILITY NAME (if not institution) 50	1. SCEPENT'S NAME (Pist, Modis, Lati) MARTHA T. SCOTT 4. SOCIAL SECURITY NUMBER 5. SEX 7. SEX 5. SEX 7. SEX 5. SEX 7. SEX 5. SEX 7. SEX 5. SEX 7. SEX 5. SEX 7. SEX 5. SEX 7. SEX 5. SEX 7.	1. STATE REGISTRAN REPORT MARGE (ALTER ALT	1. SECENTIFICATE OF DEATH REGISTROR SOUTT 1. SCOTT 1	1. SCATE PRODUCTION A SOCIAL SECURITY HANDER 1. SECOTT 4. SOCIAL SECURITY HANDER 5. SEX 5. SEX 5. SEX 5. SEX P 5. SEX		

DHMH-16 Rev 1/89

MARYLAND

32. REGISTRAR'S SIGNATURE
Julia Davidson-Amdall

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	REGISTRAR		CEF	RTIFIC	ATE OF	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)	7	~ .	. 1			2. DATE OF	DEATH		3.	TIME OF DEATH
	Henry	Teter	Stac	KI J	r.	Delit	ems	W/2	1921	5-4.0 XI	
	4. SOCIAL SECURITY NUMBER	5. SEX 6	AGE (In yrs. last b	irthday) IF I	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I	энтн	1	#. BIRTHPLA	CE (State or Foreign
	373-30-8389	1 💢 M 2 🗆 F	62	YRS. MON	THS DAYS	HOURS MIN.	Mar. 8	, 193:	2	Michi	gan
	9a. FACILITY NAME (If not institution, give s	treet and number)		96.	CITY, TOWN	OR LOCATION OF DE	EATH		9c. COU	NTY OF DEAT	н
S.	15819 Bond Mill	Road			Laure	1			Pri	ince G	eorge's
DIRECTOR	RESIDENCE OF DECEDENT										
出	10a. STATE 10b. COUNT	•		10c. CITY, TO		TION				100	I. INSIDE CITY
		ce George'	S	Laure	5.T					13	YES 2 NO
₹1	10e. STREET AND NUMBER				. 1	of. ZIP CODE				COUNTRY?	
FUNERAL	15819 Bond Mill	Road				20707			Unit	ates	
5	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1	ER IN U.S. ARME	ED .		CENDENT OF HISPAI			or No-	14. RACE — American Indian, Black, White, atc.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			S 2 NO Specif					White
		1951 - 19	-								
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECE (Give	kind of work	AL OCCUPAT done during m	ION lost of working	P.G. County			USTRY	
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5 +)		ice Of	,					L	
ž	12 years	2 years	POL	ice of	ricer					- y	
8		orringlei C	1.0			18. MOTHER'S NA					
BE		awinski, S				Stella	Kryglawska				
۱ ۹	19a. INFORMANT'S NAME (Type/Print)	-1-4				and Number or Rural	al Route Number, City or Town, State, Zip C			Code)	
.	Peggy Ann Stawin	ISK1		ame as							
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Ram	oval from State	20b. PLACE ANI cemetery, creme	tory or other p	lace)		DATE 20c. LOCATION City				
	4 Donation 5 Other (Specify)	ener.	Maryland	Veter		retery 9/1					land
ĺ	A A A)	N +	Danald Danald			rdt Funs	ral H	iome, i	P.A.	
	Nothable V. L	Straway	lt.	22. NAME AND ADDRESS OF FACILITY Donald V. Borgwardt Funeral Hor 4400 Powder Mill Road Beltsvill					e, Maryland 20705		
	23. PART I. Entar the diseasea, of	complications that ca	used the deat	ed the death. Do not enter the mode of dying, such as cardiac or respir							Approximate
	ahock, or heart failure. iMMEDIATE CAUSE (Final	List only one cause of	an aach lina.								Intarval Between Onaat and Death
	disease or condition	Antonia.	1. Fr	1 CM	dill	picula	du	MA	,		
	reaulting in death)	DUE TO (OR	AS A CONSEQUI	ENCE OF):	000/	July Congression					
z		b									
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate	DUE TO (OR	AS A CONSEQUE	ENCE OF):							
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c									
	that initiated eventa	DUE TO (OR	AS A CONSECUE	ENCE OF):							
EH	resulting in death) LAST	d									
	PART II. Other aignificant condition	a contributing to dea	th but not rea	uiting in th	e underlyir	o ceuse given In	Part I 24	. WAS AN	HITODEY	DAL WE	DE AUTORON FINENCO
DICAL				anting in th	a ondanyn	ig cause given in	FBI(1. 24	PERFORI		AWA	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE
ă		<u></u>					1[YES 2	NO		DEATH?
ME										1 [YES 2 NO
Z	DID TOBACCO USE CONT	RIBUTE TO CAUS					1 D				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OF DEATH (C	heck only one HER:						
YS	1° YES 2 NO	1 Inpatient 2 ER		DOA 4	Nursing Ho	ne 5 Residence					
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJU (Month, Day, Ye	JRY 2 ear)	86. TIME OF INJURY	W	JURY AT ORK?	28d. DEŞCRII	BE HOW IN	JURY OCC	CURED	
B	2 Accident Investigation			_		YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF IN. building, etc.	JURY — At home (Specify)	, term, street	, tectory, offi	ce	28t. LOCATIO City or To	N (Street as wn, State)	nd Number	or Rural Route	Number,
E											
립		CIAN: To the best of my I									
> II	one) 2 MEDICAL EXAMINE	R: On the beels of exami	nation and/or inve	estigation, in	my opinion,	death occured at the	time, data and	placa, and	dua to th	a cause(a) an	d manner as stated.
ō∥		n my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 20c. LICENSE NUMBER 20c. DATE SIGNED (Month, Day, ther)									
E COMPLETE	296. SIGNATURE AND TITLE OF CENTIFIES	2.7	1			296 LICENSE NUM	MBEN .		26st. DATE	E SIGNED (M)	nth, Day, 'Hear)
BE		milus	MO			2212	3D	1	Sed. DATE	/3	1994 1994
	290. SIGNATURE AND TITLE OF CENTURES	miful V	F DEATH (ITEM 2	7) Olipe, Print	ı	2212	30 30	A	A CATT	13)	1994
BE	290. SIGNATURE AND TITLE OF CENTURES	mifus.	NO F DEATH (ITEM 2 5009)	n pigo. Print Can l	kesnl	DIII	30 00.7	no	. 27	13)	1994 8
BE	290. SIGNATURE AND TITLE OF CENTURES	mifus.	DEATH (ITEM 2	Rayl	kum	DIII	30 NO. (no	. J.	13, 074	1994 1994

** man = 12

1		FOR STATE REGISTR	Ai
1	. D	ECEDENT'S	N.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OMIL OF MAIL	CERTIF	ICATE		DEATH	HEITINE II	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Las	"da L. 5+	ewar	+			2. DATE OF		_	YEAR	3. TIME OF OEATH	Ам
	4. SOCIAL SECURITY NUMBER 577–26–6098	tec	(In yrs. last birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I (Month, De 5-27-	BIRTH ny, Year)		8. BIRTHE Country	PLACE (State or Forei	
OR	9a. FACILITY NAME (If not institution, given Laurel Regions			9ь. сіту, т Laui		R LOCATION OF DE		1307	9c. COU	NTY OF OE		
DIRECTOR	nesidence of decedent 10s. State 10b. COUR Maryland Pr	ince George's		TY, TOWN OR Be		on 7ille					10d. INSIDE CITY LIMITS? 1 YES 2 XX	
FUNERAL	100. STREET AND NUMBER 5012 Naples Ave				_	ZIP CODE 20705				ZEN OF W	F WHAT COUNTRY? States	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	/ER IN U.S. ARMED YES 3 NO OR DATES 13. WAS DEC If yes, as 1 □ YES			NDENT OF HISPAN city Cuben, Maxica 25 NO Specify	n, Puarto Rica				- American Indian, White, atc.	
PLETED	15. OECEDENT'S EI (Specify only highest gra Elementery/Secondary (0-12) 8 yeart		16a. DECEDENT'S (Give kind of life. Do NOT a	work done duruse retired.)	CUPATION ring mos	IN 16b. KIND OF BUS					nt.	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Joseph S. Louis	se				18. MOTHER'S NA			_	LIMICI		
10 8	19a. INFORMANT'S NAME (Type/Print) Samuel J. Louis	se				Number or Rural I Street					. 07090	
	20a. METHOD OF OISPOSITION 1XXBurial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	movel from State	Fort Lincoln Cametery Sept. 15, 1994									
	21. SIGNATURE OF FUNERAL SERVICE	Bogward.	22. NAME AND ADDRESS OF FACILITY							and 20705		
	23. PART I. Enter the diseasea, p ehock, pr heart failure IMMEDIATE CAUSE (Final	e. List Dniy Dna cause on	used the deeth. Do not enter the mode of dying, such and each line.					h ss cerdlec or respiratory arrest.			Approximate interval Bette Onset and I	ween
	disease or condition resulting in death)	a. DUE TO (OR AS	ung Cancer-squamo					nous cell			2 Man	ths
NON	Sequentially list conditions, if any, leeding to immediate	b. Idiopa" Due to for as	Defathic thrombo cyto perioder as a consequence of: VI grstive heart failure Defor as a consequence of: Defor deeth but not reculting in the underlying cause given in Part of the thropy					enia			30 da	45
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST) gea	VS
CICAL	PART II. Other algorificent condition Chronic	ons contributing to death									WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?	
IN: ME	DID TOBACCO USE	CONTRIBUTE TO	CAUSE O	F DEATH	H Y	ES NC					1 TYES 2 NO	
H SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	2 000	OTHER:		ACE OF DEATH (Ch						
L	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TII		8c. INJU	5 Residence	28d. DESCRI		JURY OC	CURED		\neg
2	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not b	28e. PLACE OF INJUR	Y — At home, term,	M	WOF 1 Yi y, office		28f. LOCATIO	N (Street a	nd Number	or Rural Ro	oute Number,	_
MPLEIEU	4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my kno						own, State)		s		\dashv
2	one) 2 MEDICAL EXAMI	NER: On the baels ot examinati									and menner as state	ed.
20 00	30 NAME AND ADDRESS OF PERSONS	5 H ////	In M	D		D395	3Z		29d. DAT	9/12	(Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSONA 31. OATE FILED (MORTY Day, 1967)	M'Clain	32/1	Prince	6	eorge S	to Lo	euro	11	10	20707	7
	SEP 1 5 199	4 July Dayd	on-Randels	2		1.50						

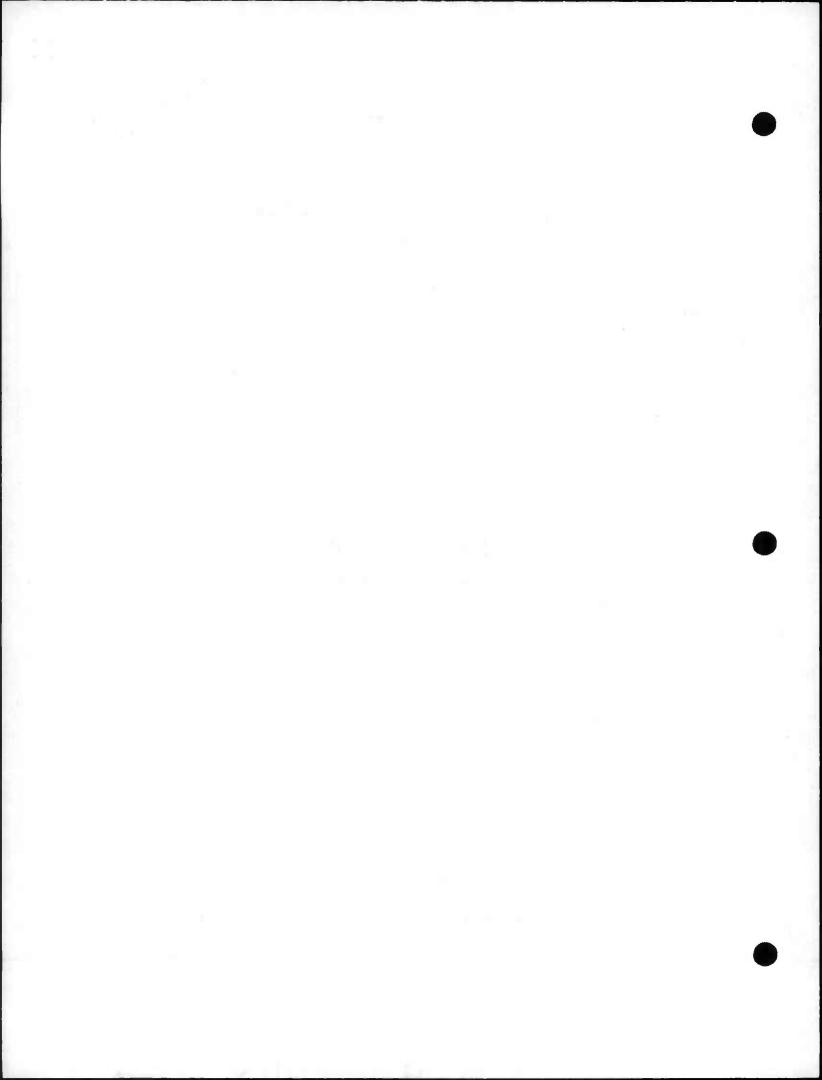
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

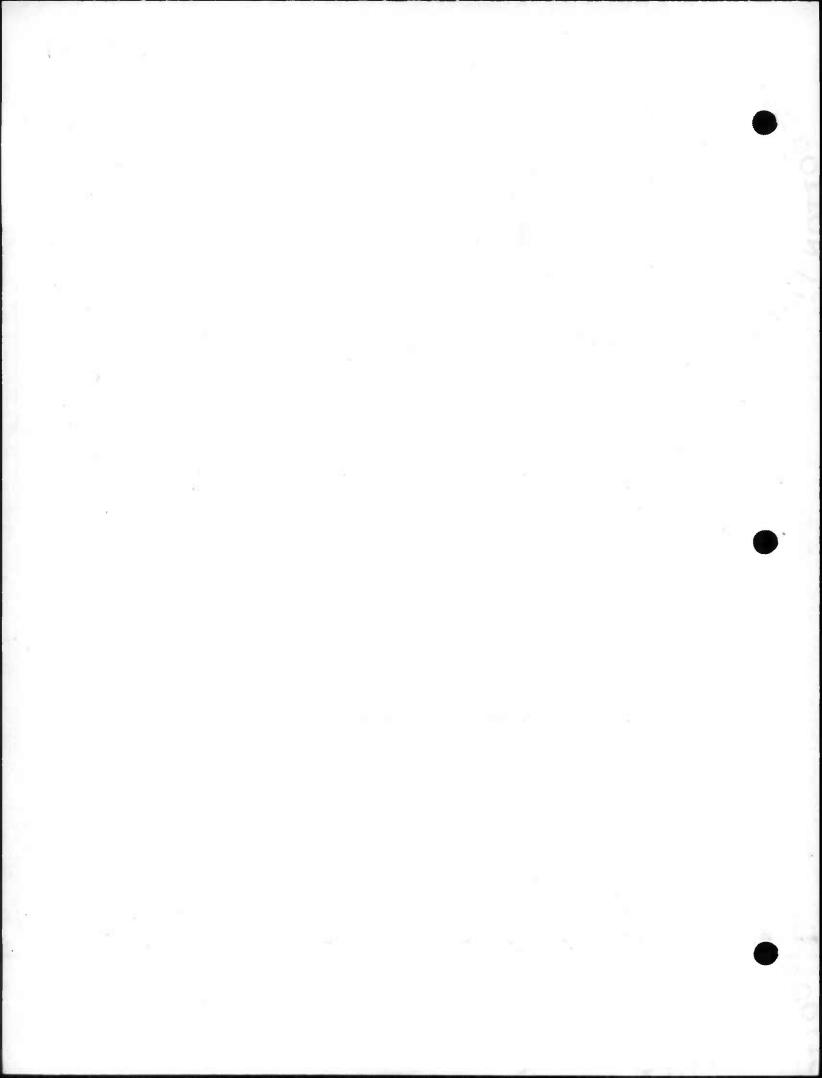


0000	nours after death. Page 6 may be retained by the hospital or attending physician.	
BALTIMORE, MARYLAND 21215-0020	attending	
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ALI	death.	•
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notitled at once.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
the funeral director, page 5 should be detached for use as t oval.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
fter death. Page 6 may be retained by the hospital or attendil	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the found after death. Page 6 may be retained by the hospital or attending
BALLIMORE, MARYLAND 21215-	DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF GEATH		3. TIME OF DEATH			
	Michio		507	uk:		September 7 1994 07					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign			
	529-32-0061	1 ☑ M 2 ☐ F 65 YRS. MONTHS				(Month, Day, Year) Oct. 26,]	1928 California				
œ	9a. FACILITY NAME (If not Institution, give st Shady Grove Adver				R LOCATION OF DEA	тн		TY OF OEATH			
DIRECTOR	RESIDENCE OF DECEDENT	Terse nospree		Rockv	ille		Monte	gomery			
H.	10s. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?			
ā		tgomery		Gaithers	sburg			1 ☐ YES 2 XXNO			
₹.	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?			
FUNERAL	11825 Silent Val				20878			ed States			
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDENT EVER IN FORCES? 1 YES	2 XNO	If yes, spe	cify Cuben, Mexican,	ORIGIN? (Specify Yes Puerto Ricen, etc.)	or No — 1	4. RACE — American Indian, Black, White, stc.			
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 YES	NO Specify:			Specify: Asian			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S US	SUAL OCCUPATIO	N Laf warking	16b. KIND OF BUS	SINESS/INDU	STRY DON'T OF			
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	We Do NOT use Public V	retired.)	t or working	Health a	and Hu	ent Dept. of Iman Services			
MP		5+	Administ								
	17. FATHER'S NAME (First, Middle, Lest) George Kanichi	ro Suzuki				E (First, Middle, Malden					
BE	19a. INFORMANT'S NAME (Type/Print)	TO BUBUAL	105 MAIL ING A	DDBESS (Street		O Shiozawa ute Number, City or Town					
2								20070			
	Namiko M. Suzuki	206.	PLACE AND DATE OF					rg, Maryland			
	1 Duriel 2 X Cremetion 3 Remo	oval from Stats ceme	etery, crematory or othe ontgomery	Cremate	9/8/94			, Maryland			
	THE SOUNTURE OF FUNERAL SERVICE LIC			22. NAME AN	D ADDRESS OF FACI	ury	rol U	ome /Bogkwille			
	> M. h. 1 €.	House	M008	46 300 V	Vest Mont	gomery Ave	enue 0850-2	ome/Rockville, Inc.			
	23. PART I Enter the diseases, or o	omplications that caused	the deeth. Do not								
	IMMEDIATE CAUSE (Fine)	List only one ceuse on ea						interval Between Onset and Deeth			
	disease or condition resulting in deeth)	Septic nithints									
ĺ	CONTRACTOR POLICY	DUE TO (OR AS A									
NO	Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE OF):									
AT	if any, leading to immediate cause. Enter UNDERLYING	CALLIA									
띮	CAUSE (Disease or Injury that initiated events	-	CONSEQUENCE OF):								
CERTIFICATION	resulting in death) LAST	d									
	PART II. Other significent condition	s contributing to death be	ut not resulting in	the underlying	cause given in P	art i, 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
S S	austely				51	PERFOR 1 YES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
AED						_	- fo	OF DEATH?			
PHYSICIAN: MEDICAL	DID TOBACCO USE C	CONTRIBUTE TO	CAUSE OF	DEATH Y	S I NO						
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEATH (Check only one)							
YSI	1 TYES 2 NO	1 Impatient 2 - ER/Outpo		OTHER:	5 Residence 8	Other (Specify)					
	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TIME (RY WOF	tK?	28d. DESCRIBE HOW IN	NJURY OCCU	RED			
B	2 Accident Investigation	20. DI ACE OF IN HIRV	At home to be seen	M 1 1 Y							
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, term, str	set, tactory, onics	ľ	281. LOCATION (Street a City or Town, State)	ina Number oi	Hural Houte Number,			
ZE.	29s. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	edgs, death occurred	at the time, date	and place, and due to	the cause(s) and man	ner ee stated	1.			
MO	0001							cause(s) and manner as stated.			
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	1 10	-		29c. LICENSE NUMB	ER	29d. DATE	SIGNED (Month, Day, Year)			
TO B		lip (west, 1)			0 24348		▶ 9.	-744			
	30. NAME AND ADDRESS OF PERSON WHO		1261	buile,	ns 2083	50 3	01 33	00550			
	31. DATE FILED (Month, Day, Year)	32 PREGISTRAR'S SIGNA Funa Davidson		,			•				
	SEP 1 2 1994	Juna Havidson	Manage		<u> </u>	·					



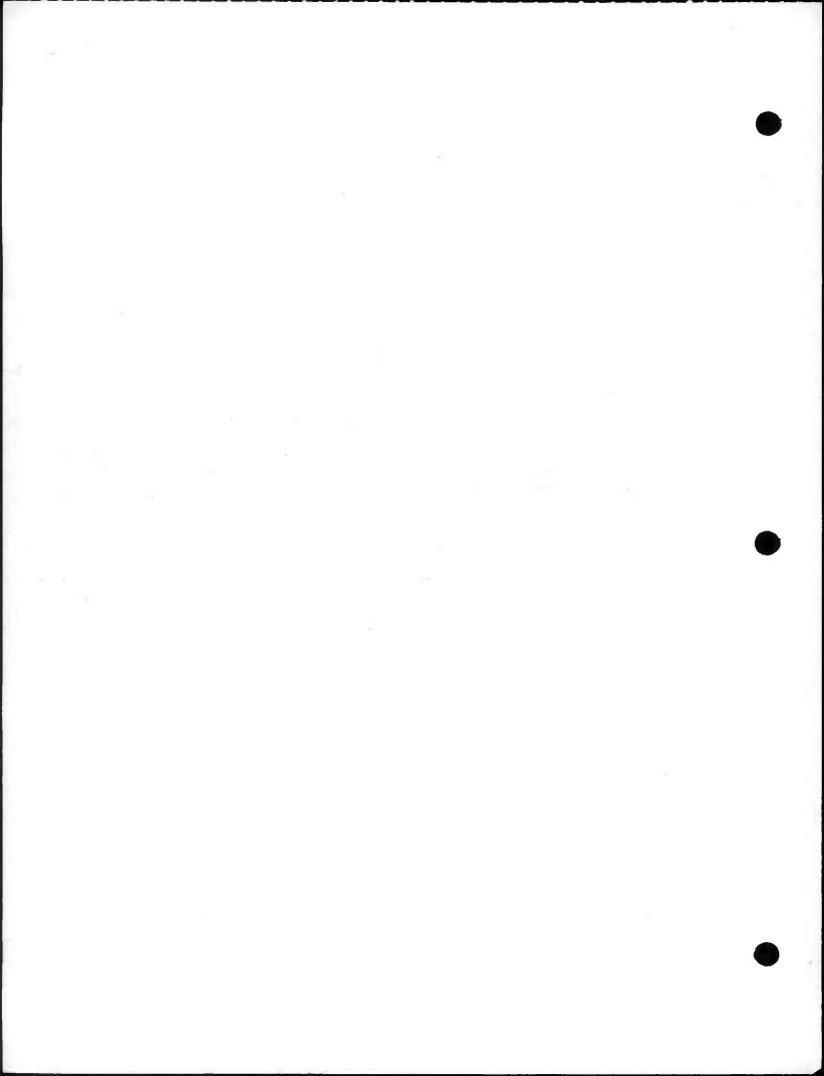
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

1 - STATE REGISTRAR				CE	RTIFI	CATE O	F DE	ATH		REG. NO.	-			
1. DECEDENT'S NAME (First,	Middle, Last)									OF DEATH			3. TIME OF DEAT	Н
Beverly	Ann	Si	sco						Sept	ember		994	4:25	PM
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In	yrs. last l	birthday)	IF UNDER 1 YEA	R IFL	UNDER 24 HRS.	7.0475	an disease		8. BIRTH	IPLACE (Stete or Fo	oreign
347-26-7815		1 🗌 M 2 💢 F	65	5	YRS.	MONTHS DAY	8 HOL	JRS MIN.	July	3, 19	29	Countr I1	linois	
9e. FACILITY NAME (If not in:	stitution, give str	reet and number)				9b. CITY, TOW	N OR LO	CATION OF DE				JNTY OF D	EATH	
8207 Bryan		rive				Bethe	esda				Mor	tgom	ery	
10e. STATE	10b. COUNTY				10c. CITY	, TOWN OR LO	CATION						10d. INSIDE CITY	,
Maryland	Montgo	omery				Betheso							LIMITS?	
10e. STREET AND NUMBER							10f. ZIP	CODE			10g. CI	IZEN OF V	WHAT COUNTRY?	
8207 Bryan	nt D	rive					208					ited	States	
11. MARITAL STATUS	W. S. J.	12. WAS DECEDEN FORCES? 1				13. WAS D	Specify	ENT OF HISPAN Cuben, Mexica	NIC ORIGIN	? (Specify Yee	or No-	14. RACE Black	E — American India k, White, etc.	en,
1 Never Merried 2 X 3 Wildowed 4 Divo		IF YES, GIVE V						NO Specif		,,		Speci		
15. DEC	EDENT'S EDUC	ATION	1	16e. DECI	EDENT'S (USUAL OCCUPA	ATION		16b	. KIND OF BUS	INESS/IN	•		
Elementary/Secondery (0	highest grade (College (1-4 or 5	+)	life. D	o NOT use	ork done during a retired.)	most of v	working						
_		4		Hor	mema]	ker				Own H	Iome			
17. FATHER'S NAME (First, Mi	iddle, Last)						18.	MOTHER'S NA	ME (First, I	Middle, Maiden	Surname)			
George E. B	ull						H	lilder		John	son			
190. INFORMANT'S NAME (7)	iypa/Print)			19b.	MAILING	ADDRESS (Street	et and Nu	ımbər or Rural i	Floute Numi	ber, City or Town	n, State, Z	ip Code)		
Paul C. Sis	СО			_		ryant I					ylar	nd 20	817	
20e. METHOD OF DISPOSITI		val from State	20b. P	PLACE AN	ID DATEO	F DISPOSITION	(Neme of	9-9-94	1 DAT	E 20c, LO	CATION -	City or To	own, State	
4 Donation 5 Other	(Specify)		Mo	ntg	omer	y Crema				Beth	esda	a, Ma	ryland	
21, SIGNATURE OF FUNERAL	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc 7557 Wisconsin Avenue, Bethesda, MD 20814-3501													
23. PART L Enter the di	20000 01 01	omnications the	_		h Do n									_
stock, or hi	aart failura. L	ist only one cau	aa on eac	h lina.	in. Up n	ot anter tha i	moda o	r dying, auc	n aa card	nac or raapi	ratory as	reat,	Approximation interval B	
IMMEDIATE CAUSE (Fin disease or condition	iai												Onset and	Daath
reaulting in death)	→ ,	Liver	Fail										2 Mon	ths
		Breas			JENCE OF):							10 ***	
Sequantially list conditi			(DR AS A C		IENCE OF):							10 yea	215
if any, leading to immed cause. Entar UNDERLYI	NG													
CAUSE (Disease or Inju that initiated events	η) ·	DUE TO	(OR AS A C	ONSEOU	ENCE OF):								
resulting in death) LAS	Т													
BART II Other steet	nt annudial -	a and the steel of	al-ast 6		- fel									
PART II. Other algnifica	nt conditions	contributing to	death but	not rae	aulting ir	n tha underly	ing cau	Jse givan in	Part I.	24a. WAS AN PERFOR		24b	. WERE AUTOPSY FI AVAILABLE PRIOR	TO
]	1 YES 2	Ŋ NO		COMPLETION OF CO	CAUSE
													1 YES 2	O
DID TOBACCO U		IBUTE TO CA	_					NCERTAI	N 🔲					
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	26	B. PLACE	OF DEATE	OTHER:	ne)							
1 TES 2 X NO		1 Inpatient 2	ER/Output	lent 3	DOA	4 ₩ Nursing H	ome 5	☐ Residence	6 🗆 Othe	r (Specify)				
27. MANNER OF DEATH		26e. DATE OF (Month, D		T	28b. TIME INJU		INJURY /	AT	28d. DES	CRIBE HOW II	JURY OC	CURED		
	Pending Investigation					M 1	YES	2 NO						
3 Sulcide 6 (Could not be	26e. PLACE O building,	F INJURY — etc. (Specify	At home	e, ferm, st	treet, fectory, of	ffice			ATION (Street a or Town, State)	nd Numbe	r or Rural F	Route Number,	
	a a a muse o													
29e, CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, end due to the cause(e) end menner ee stated.														
one) 2 MEDI	CAL EXAMINER	t: On the beele of a	camination e	end/or inv	restigstion	n, In my opinion	, desth	occured at the	time, date	end plece, end	d due to t	he ceuse(s) end menner es s	lated.
299 WISHING WHE AND TITLE	OF CERTIFIER	\					29c.	LICENSE NUM	MBER	1	29d. DA	TE SIGNED	(Month, Day, Year)	
teffing /	Tolles	hen, 1	4				G	075886			▶ _{Se}	ptem	ber 8, 1	1994
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEAT	H (ITEM	27) (Туре,	Print)	_							
Jeffrey Moll	ldrem,	M.D. 900	00 Ro	ckvi	lle	Pike,	Betl	hesda,	Mar	yland	2089	2		
31. DATE FILED (Month, Day,	Year)	32 REGISTRA	R'S SIGNAT	URE	_								_	
SEP 1 2	1994	Julia Da	vidson-	gand	482									





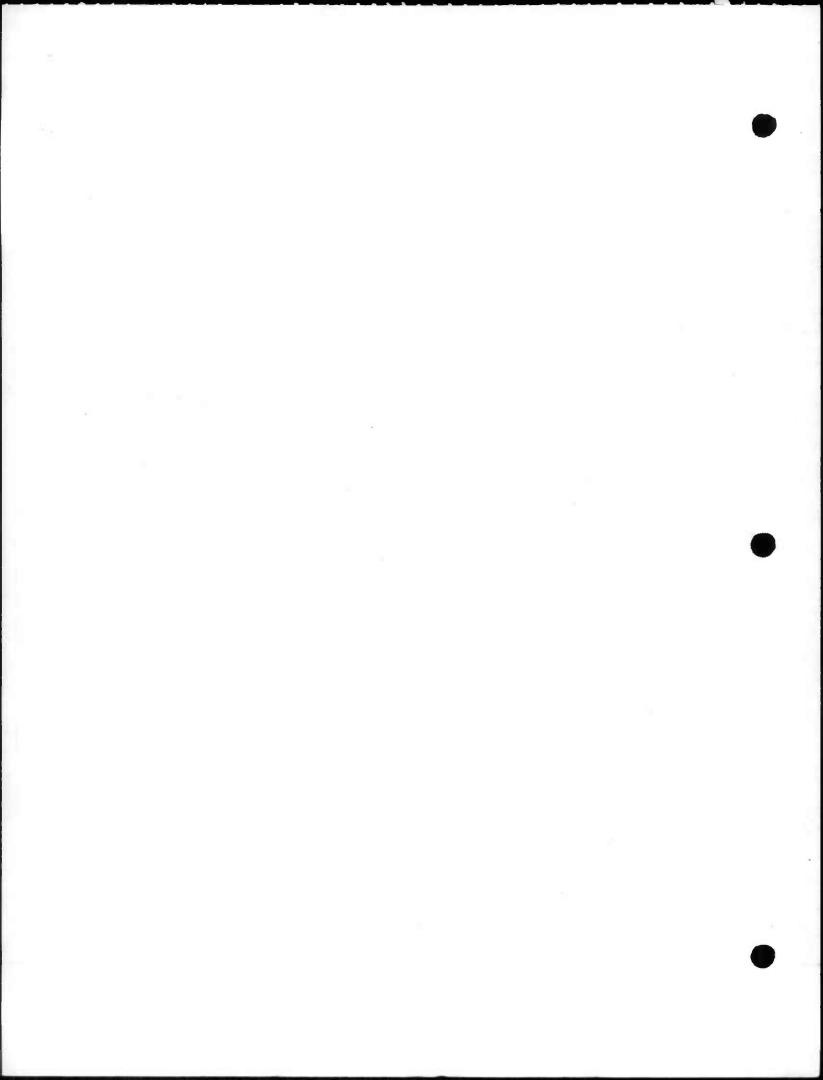
W. S.	-	2	2	
and the			F.	4
	BALTIMORE, MARYLAND 21215-0020	this mouns after death. Page 6 may be retained by the hospital or attending physician.	etery filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. mation, or removal.	nt, the medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.											
1. DECEDENT'S NAME (First, Middle, Last)	191)						2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH				
Joseph	M	Sch	30 m	AS 1 ER	So		II LEA M				
	SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH h, Day, Year)		8. BIRTNPLACE (State or Foreign Country)			
565-38-9702 1 9a. FACILITY NAME (If not institution, give stree	**	68 YRS.	AL OUTY TOUR	OR LOCATION OF D	March 9,1926 Delaware						
Suburban Hospital	Carto Humbary	1		chesda	EAIN						
RESIDENCE OF DECEDENT					Mont	gome	: L y				
10s. STATE 10b. COUNTY	.	10c. CITY,	TOWN OR LOC						10d. INSIDE CITY LIMITS?		
Maryland Mon	tgomery			nsington on. ZIP CODE			10= CITIZ	EN OF W	1 X YES 2 NO		
3409 University Bl	Noat 1	1202									
	2. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DI	20895 ECENDENT OF NISPA	NIC ORIGIN	17 (Specify Yas		_	- American Indian, White, atc.		
1 Never Married 2XX Married 3 Widowed 4 Divorced	FORCES? 1 X YES			specify Cuben, Maxico S 2 XNO Specia		Rican, atc.)		Specif			
15. DECEDENT'S EDUCAT	World War	16a. DECEDENT'S U	000100		T				White		
(Specify only highest grade con	mpleted) College (1-4 or 5+)	(Give kind of wo	rk done durina i	nost of working	160	. KIND OF BUS	iiness/indu	JSTRY			
	5+	Logis	tician			Eng	ineer	ing			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, I						
	Schoolmaste	er		Eli	zabe	th McA	llist	er			
19s. INFORMANT'S NAME (Type/Print)				and Number or Rural					20895		
Mary Ellen Schoolm				ity Blvd.							
1 Donation 5 Other (Specify)	from Stata cen	PLACE AND DATE OF netery, crematory or other	er placa)	9/10	194		CATION - C				
21. SIGNATURE OF FUNERAL SERVICE LICEN		ontgomery	22, NAME	AND ADDRESS OF FA	nc.	Bet.	nesda n	, Ma	ryland rey Funeral		
Mind a	2-11		Home,	Bethesda	-Che	vy Cha	se, I	nc.,	7557		
23. PART i. Entar tha diseases, or con	nolications that couse	M00348	Wisco	onsin Ave	b es cer	ethesd	a. MD	208	314-3501 Approximate		
shock, or haart failure. Lie	t Dnly Dne ceuse Dn e	ach lina.		out of dying, suc	05 0010	arec or respi	atory arre	1	intervel Batween Onset and Death		
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Stad	Avers	Prope	Algon					2 cols		
resolving in death) / a		CONSEQUENCE OF)							Juero		
Sequentielly list conditions, b		ic obsta	ve.Hie	- ling [) 584	se			seurlyers		
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF)							· ·		
CAUSE (Diseesa or Injury thet initiated events	DUE TO (OR AS A	CONSEQUENCE DF)			-						
resulting in death) LAST											
PART II. Other significent conditions of	contributing to death b	ut ant regulting in	the underlyi	an course share in	Dort 1			Lau			
	onthouting to deeth o	at not reediting in	the underlyi	ng cause given in	Part I.	24a. WAS AN PERFOR	MED?	246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
					-	1 TYES 2	NHO		OF DEATH?		
DID TOBACCO USE CONTRIE	BUTE TO CAUSE O	F DEATH YES	M NO	UNCERTAI	ΝП				1 TYES 2 NO		
25. WAS CASE REFERRED TO MEDICAL	25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one)										
EXAMINER? 1 YES 2 NO HOSPITAL: 1 No DTHER: 4 Norsing Home 5 Residence 8 Other (Specify)											
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		IJURY AT ORK?	28d. DES	CRIBE HOW IP	JURY OCCI	JRED			
2 Accident Investigation	One Di AOE OF BUILDIN	***		YES 2 NO							
3 Suicide 8 Could not be 4 Nomicide datarmined	28a. PLACE OF INJURY building, atc. (Spec	— At nome, term, atr	eet, tactory, off	Ica	28t. LOC City	ATION (Street a or Town, State)	nd Number o	or Rural R	oute Number,		
29a. CERTIFIER A CERTIFICIAL PURPOSA	M. To Make I	September 1	Mary excis	BARRATT WAR			_				
CERTIFIER CERTIFIER CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as attated. Check only Certifier Check only Certifier Check only Certifier Check only Certifier Check only Certifier Check only Certifier Check only Certifier Check only Certifier Check only Certifier Check only Certifier Check only Ch											
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											
DY4157 September 8, 1994											
30. NAME AND ADDRESS OF PERSON WHO C				-	111				7, 1		
IRA BERGER M		The second secon	1 ROAG	1, Rock	y'lle	'wo	908	51			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN										
SEP 1 2 1994	Juna wayasa	War North							DHMH-16 Rev 1/89		

10 Y



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	CECLC	
	CLIL	
-		

	1 - FOR STATE REGISTRAR	STATE OF MARYL				EALTH AND DEATH	MENT	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					D	2. DAT	E OF DEATH		YEAR	3. TIME OF DEATH	
	Elisabeth Silard							tembe			4 10:15A M	
						IF UNDER 24 HRS. HOURS MIN.	Month, Day, Yes			ar) Country)		
	118-28-9412 9e. FACILITY NAME (If not institution, give stree	0,						June 8, 1907			gary	
œ.	Manor Care-Potoma			177	100	OR LOCATION OF	DEATH		Mont			
5	RESIDENCE OF DECEDENT	- Communication							Mone	goill	ery	
DIRECTOR	New York Westche	agtar	Y, TOWN						10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	ester	PI	easa		. ZIP CODE					1 TES 2 XXNO	
RA	300 Washington Av	enue				0570			10g. CITIZEN OF WHAT COUNTRY? United States			
FUNERAL		12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13.	WAS DEC	ENDENT OF HISP	ANIC ORIG	IN? (Specify Yes			- American Indian,	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	2 111NO ATES			ecify Cuben, Mexi- 2 🙀 NO Spec		Rican, etc.)		Speci		
	15. DECEDENT'S EDUCAT	TION	Ma DECEDENTIO	1	004104740		1.0			White		
	(Specify only highest grade co		16s. DECEDENT'S (Give kind of life. Do NOT u	work done	during mo	st of working	16	b. KIND OF BU	SINESS/INDU	STRY		
됩		4	Music T	each	er			Educat	ion			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	IAME (First,	Middle, Malden	Surname)		1 2 2 2 2 2	
BE	Lawrence Fejer					Marie		(not av				
2	19e. INFORMANT'S NAME (Type/Print)					nd Number or Run						
	John Silard 200. METHOD OF DISPOSITION	200	PLACE AND DATE			Lane, B					20817	
	1 Buriel 2 Cremation 3 Remove	al from State	etery, cremetory or contgomer	ther place)	emat.	orium.	Inc.				aryland	
1	21. SIGNATURE OF FUNERAL MERVICE LICEN			22.	NAME AN	ID ADDRESS OF F	ACILITY I	Robert	A. Pu	mph	rev Funeral	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2	M00803	Ho	me/B	ethesda	-Chev	v Chas	se. In	C.	7557	
	23. PART I. Enter the diseases, or cor	mplications that csused	tha death. Do	not anter	tha mo	de of dving, su	ich as cai	disc or respi	ratory srre	ary.	land 20814	
,	shock, or haart failure. Lis	it only offa cause on a	nch line.							.,	interval Between Onset and Death	
	disease or condition resulting in desth)	Aspiration Pneumonia DUE TO (OR AS A CONSEQUENCE OF):									1 Week	
ON	Sequentially list conditions, Due to (or as a consequence of):										10 Years	
AT	If sny, leading to immediate csuse. Enter UNDERLYING											
Ĕ	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):								
CERTIFICATION	resulting in death) LAST											
AL C	PART II. Other eignificant conditions of	contributing to death be	ut not resulting	in the ur	nderiying	cause given i	n Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
S	Depression							PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MED								1 1 163 2	A) NO		OF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDIC												
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF DEATH (C	heck only o	ne)				
IX SI		☐ Inpatient 2 ☐ ER/Outpo		4 KNur	sing Home	5 🗆 Residence	_					
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIM	E OF IURY	28c. INJU		28d. DE	SCRIBE HOW I	NJURY OCCU	RED		
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At home, farm,	street, fact			28f. LO	CATION (Street a	and Number of	Bural B	nute Number	
Ë I	4 Homicide determined	building, etc. (Speci	lfy)				City	or Town, State)			,	
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of my knowl	edge, death occurr	ed at the t	lme, data	and place, and du	e to the ca	use(a) and mar	ner as stated			
MO	one) 2 MEDICAL EXAMINER:										and manner as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	40				29c. LICENSE NU			29d. DATE S	SIGNED	(Month, Day, Year)	
TO 8	And of Mil	3110				1975	9 (0	(C1)	D 9	110	194	
-	Sandra T Ginghor				p.r ·	N7 7.7 - 3			0 0	200		
	Sandra J. Ginsber	32. BEGISTRAR'S SIGNA		reet	, IN . I	w., Wasi	ningt	on, D.	C. 20	0006)	
	SEP 1 2 1994	Julia Davidso	n-Mandell									



7.5	
	LAND 21215-0020
	MARY
	LTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

							-111111	IOAII			711		HEG. NO.			
	,	1. DECEOENT'S NAME (First	t, Middle, Last) VICE	SITTON								MOR	pt. 5,	1994	YEAR	3. TIME OF DEATH 7:48 A M
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last			t hirthclass)) IF UNDER 1 YEAR IF UNDER 24 HRS.				E OF BIRTH	1334				
	į	571-07-280	1 🗆 M 2 💢 F	U. AGE	80 YRS. MONTHS DAYS HOURS MIN. (MONTH, Day, Year) NOV. 20,				inth, Day, Year)	1913	Count	IPLACE (Stata or Foreign ry) ansas				
	ļ	9a. FACILITY NAME (If not in	nstitution, give s	treet and number)			<u> </u>	9b, CITY	, TOWN	OR LOCATI	ION OF DE		,,,		NTY OF D	
0	5	Montgomery	Gener	al Hospi	tal				01ne	y				Мо	ntgo	mery
[5	RESIDENCE OF DEC	10b. COUNTY		_											
ä								Y, TOWN								10d. INSIDE CITY LIMITS?
15		Maryland 100. STREET AND NUMBER		ntgomery			<u> </u>	ilve		ring						1 TYES 2 NO
RY FIINFRAL DIRECTOR		1111 Nora							101	2090				, ,	SA	VHAT COUNTRY?
N N		11. MARITAL STATUS	DITVE	12. WAS DECEDEN	IT EVER I	NIIS ARI	MED	12	WAS OF			10 0010	GIN? (Specify Yes			
Ī.	-	1 Never Married 2	Married	FORCES? 1	YES	2 X N	10		If yea, sp	ecity Cube	ın, Mexicar	n, Puert	o Rican, atc.)	or No-	Black	E — American Indian, k, White, atc.
		3 💢 Widowed 4 🗌 Divo	orced	IF YES, GIVE Y	WH OH D	AIES			1 YES	2 [X] NO	Specify	:			Spec	"y: White
COMPI ETED			EDENT'S EDU			16a. DE(CEDENT'S	USUAL O	CCUPATIO	ON ast of working	ina	1	6b. KIND OF BUS	SINESS/IND	DUSTRY	
1 -		Elamentary/Secondary (0		College (1-4 or 5	+)					st of worki	9		0.46	Hom		
2 S							lomem	aker							е	
		17. FATHER'S NAME (First, M								18. MOT			t, Middle, Meiden	Surname)		
E E		John Star				101	MAILING	ADDRES	P /Chant a		Elle		dVIS imber, City or Town	0	0.11	
2		Charlott	e Saji										Spring,		209	04
אמווווומן ווותפו		25a, METHOD OF DISPOSITI 1		oval from State	20t	Dak	matory or o	ther place)	sition/Na eter	v V		9.	-10 Sil	- MGO	city or to Sprin	ngs, AR
	ı	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE /	/			22. D	NAME AN	ID AOORE	SS OF FAC	YTIJE	vices,	DΛ		
	╛	12	04-1	S.Cles	me	1088	27	9	33 G	iist	Ave.	, S	ilver S	Sprin		D 20910
		23. P(RT) Entar tha di ahock, or h	iseases, or o	complications tha List only one cau	t cause	d tha dec	ath. Do i	not antar	tha mo	de of dy	ing, such	as ca	rdiac or raspi	ratory an	reat,	Approximata interval Batween
		IMMEDIATE CAUSE (Fir	nai													Onset and Death
	Ш	disease or condition resulting in death)	→	. Pneu	moni	a										3 days
				, Aspi		CONSEC	OUENCE O	F):								2 4246
CERTIFICATION		Sequentially list conditi				CONSEC	UENCE O	n:								3 days
Į Į		if any, laading to imme- cause. Entar UNDERLY	ING	Stro	ke											Years
		CAUSE (Disesse or injuthat initiated events				CONSEC	UENCE O	F):								10013
		resulting in death) LAS	T .	d												
		PART ii. Other aignifica	int condition	a contributing to	death b	ut not ra	asuiting	in tha ur	nderivino	COUSE (given in i	Part i	24s. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
EDICAL				trial Fi						00-00-100			PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
												_	1 YES 2	M NO		DF OEATH?
2		DID TOBACCO U	SE CONTE	ZIRLITE TO CA	LISE C	E DEAT	TH YE	: C	NO F	1 UNIC	EDTAIN				ľ	1 YES 2 NO
4 ₹		25. WAS CASE REFERRED TO		COULTO CA	001 0		E OF OEA			2 0140	LIVIAII	<u> </u>				
PHYSICIAN:		EXAMINER?		HOSPITAL:	ER/Out	patient 3	□ DOA	OTHEI		e 5 🗆 Re	nsidence	8 🗍 Otl	her (Specify)			
ᇍ		27. MANNER OF DEATN		28a. OATE OF (Month, D	INJURY		28b. TIM		28c. INJ				ESCRIBE HOW II	JURY OC	CURED	
BY	- 100		Pending Investigation					М	1 🗆 1	/ES 2 [NO					
COMPLETED			Could not be determined	28e. PLACE O building,	atc. (Spec	— At hor	na, farm, :	street, fact	tory, offici	•			CATION (Street a ty or Town, State)	nd Number	or Rural F	loute Number,
2		29a. CERTIFIER 1 CERT	TIFYING PNYSH	CIAN: To the best of	my know	ledge, des	ith occurr	ed at the t	lme, date	and place	, and due t	to the c	ause(a) and man	ner aa stat	led.	
OM) and menner as stated.
BE		29b. SIGNATURE AND TITLE	OF CERTIFIE	1						29c. LICI	ENSE NUM	BER	_	29d. DAT	E SIGNEO	(Month, Day, Year)
- P	- 8	36. NAME AND ADDRESS OF	Pengon wil	O COMPLETEO CAUS	M6	ATH /ITEM	1 27) /5	Drine ¹		V	159	4		- 9	157	94
	ı	- //	ckson,						(l)	rkey	ille	M	D 2102	q		
		31. DATE FILED (Month, Day,		32. AEGISTRA	P'S SIGN	ATURE	// C//	ouu,	010	11 1/2 /	1116	ا'ا و	D 2102		_	
		SEP 1	2 1994	graha L	auds	m-Ma	natel	-								
		A A														



3. TIME OF DEATH

10d. INSIDE CITY

RACE — American Indian, Black, White, atc.

1 X YES 2 NO

White

Approximate

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 YES 2 X NO

COMPLETION OF CAUSE

Interval Batwean Onset and Daath

8. SIRTHPLACE (State or Foreign

Wisconsin

10g. CITIZEN OF WHAT COUNTRY?

United States

9c. COUNTY OF DEATH

Montgomery

2:16P H

REG. NO.

2. DATE OF DEATH

-		4	-
	50	ysician.	rial-transit pen
	E, MARYLAND 21215-0020	be retained by the hospital or attending physician	age 5 should be detached for use as the burial-transit
	ND 21	hospital or	tached for u
	RYLA	ed by the	wid be de
	, MA	be retain	ge 5 sho

2 prior / the attending phy.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

requires that the death certificate be executed with

signed by the

has by Dept.

HOSPITAL OR ATTENDING PHYSICIAN: The law FUNERAL DIRECTOR: After this certificate has bi within 72 hours after death with the State Dept. IANT: If Item 28 is marked, or Item 23 stant.

TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: II

jo

any

shows

BY

COMPLETED

BE 2 1 Natural

2 Accident

3 Suicide

4 Homicide 29a. CERTIFIER

8 Could not be

2 MEDICAL EXAMINER: On the

2 1994

CHANAGES

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

15225

Julia Davidson Randell

RE AND TITLE O

31. DATE FILED (Month, Day, Year)

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1. DECEDENT'S NAME (First, Middle, Last)

DAUID SOFRGEL 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 1 M 2 | F 392-18-2605 72 Dec. 10,1 9s. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Shady Grove Adventist Hospital Rockville RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Gaithersburg Maryland Montgomery FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 769 Quince Orchard Blvd., #33

11. MARITAL STATUS

1 Never Merried 2 Merried

1 Yes 2 No

1 Fyes, Give War or Dates 20878 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 TYES 2 NO Specify BY 3 Wildowed 4x Divorced 15. DECEDENT'S EDUCATION COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig. Elementary/Secondary (0-12) College (1-4 or 5+) Consultant 5+ Aerospace 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Goldie Griffith BE Robert J. Soergel 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 David G. Soergel, Jr. 69th Street, Apt. 1F, New York, NY 10021 20a. METHOD OF DISPOSITION
1 □ Burlal 2XXCremation 3 □ 20b.PLACE AND DATE OF DISPOSITION (Name of 9/10/94 DATE cametery, cremetory or other place)

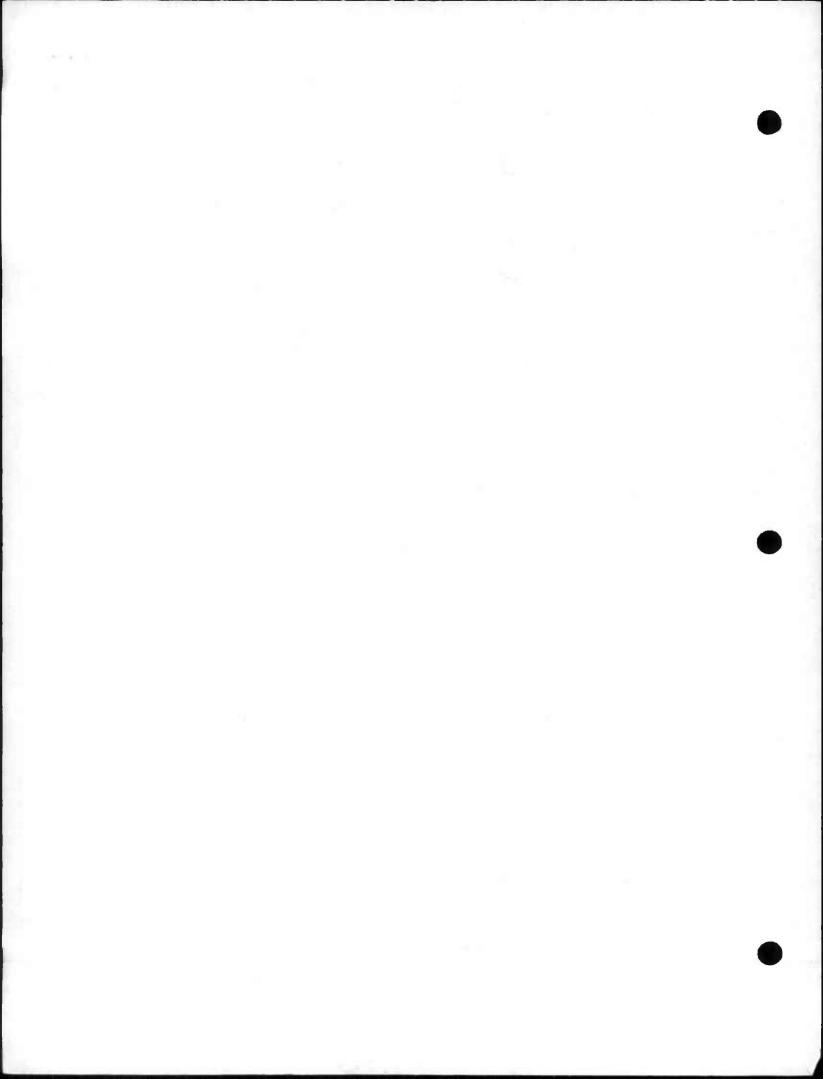
Montgomery Crematorium, Inc. 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Bethesda, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Rockville, Inc., 300 W. Montgomery Ave M00348 Rockville, Maryland 20850-2805 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or haart fallure. List only one cause on each ilne IMMEDIATE CAUSE (Final disesse or condition resulting in death) a. CARDIAC APREST

DUE TO (OR AS A CONSEQUENCE OF): VENTRICULAR FIBRILLATION CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, lesding to immediata cause. Enter UNDERLYING CORONARY ARTERY CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO DEATH YES | NO DEATH YES | PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ng Home 5 🗆 Realdenca 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME DF 28d. DESCRIBE HOW INJURY OCCURED

INJURY

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

28c. INJURY AT WORK? 1 YES 2 NO 28e. PLACE OF INJURY — At home, term, atreet, factory, office building, atc. (Specify) 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 🖟 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. ation and/or investigation, in my opinion, death occured at the time, data and placa, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) SHAOV ROCKUILLE DHMH-16 Rev 1/89



BALLIMORE, MARYLAND 21215-00	PHYSICIAN: The law requires that the death certificate be executed withlive in ours after death. Page 6 may be retained by the hospital or attending it	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the is with the State Oept, of Health and Mental Hygiene prior to burial, cremation, or removal.
BA	ter de	the fu
	ours aft	in by
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OF VITAL RECORDS, P.O. BOX 68/60.	y requires that the death certificate be executed within	this certificate has been signed by the attending physician and completely filled in by the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
OF VITAL	PHYSICIAN: The law	this certificate has with the State Oept

DIRECTOR

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Item 23 0 marked.

DIRECTOR: After the hours after death v

TO THE HOSPITAL TO THE FUNERAL IN TO THE MAINING TO THE MAINING TO THE MAINING TO THE MAINING THE MAIN

28 item

CERTIFICATION

PHYSICIAN: MEDICAL

BY 8

COMPLETED

BE

2

296. SIGNATURE AND TITLE OF CERTIFIER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) en tem Layman 4. SOCIAL SECURITY NUMBER DATE OF BIRTH (Mornin, Day, Year) 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 XM 2 - F DAYS HOURS 251-50-7811 58 Sep. 16 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH P. G. General Hospital P. G. Cheverly 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Prince George Hyattsville Md. 1X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 20743 United States 11. MARITAL STATUS THE Place 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married 1 TYES 2 NO Specify: Specify: 3 Widowed 4 Divorced **Black** ETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Truck Driver Private Industry 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Sumame) Basil Smith Cora Bell Thompson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 522 68th Street, Seat Pleasant, Md. 20743 Mary Frances Smith 20e. METHOD OF DISPOSITION DATE SALLY 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata 1 ☐XBurial 2 ☐ Cremation 3√2 Removal from State
4 ☐ Donation 5 ☐ Other (Specify) Hillcrest Cemetery Greer, S. C. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY R. N. Horton Co. Morticians, Inc. OC. M. Horlow 600 Kennedy Street, N. W. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ehock, or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) arterio schootre cardio Utreula disesse Year Sequantially liet conditions, DUE TO (OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY 1 VES 2 N

DID TOBACCO USE CONTI	RIBUTE TO CAUSE OF DEA	TH YES	NO UNCERTA	IN 🗆	1 TYES 2 NO		
25, WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	26. PLAC HOSPITAL: 1 Inpetient 2 ER/Outpatient 3	CE OF DEATH (Check		6 Other (Specify)			
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	26c. INJURY AT WORK?	26d. DESCRIBE HOW INJURY OCCURED			
2 Accident 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, street, fac	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

CERTIFIER (Check only one)

CERTIFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, end due to the ceuse(a) and manner as stated.

Padicher M

2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and pieca, and due to the ceuse(a) and manner ea stated. Se. LICENSE NUMBER DATE SIGNED (Month. Day, Year)

(Magnoto 1. / Langled 11.	- 30 XAPRONUM 5, 1996
SO, MAME AND ADDRESS OF PERSON WHO COMPLETED COURSE OF DEATH (ITEM 27) (1/00, PUMP)	0 (141
Juansto P. Rodriguez MD, 5009 Kayburn 1.	C1. SM Md 2-748
31. DATE FILED (Month, Day, War) /2. REGISTRAR'S SIGNATURE	79
SEP 1 3 1994 Alla Marida Marida	, ,

DHMH-16 Rev 1/89

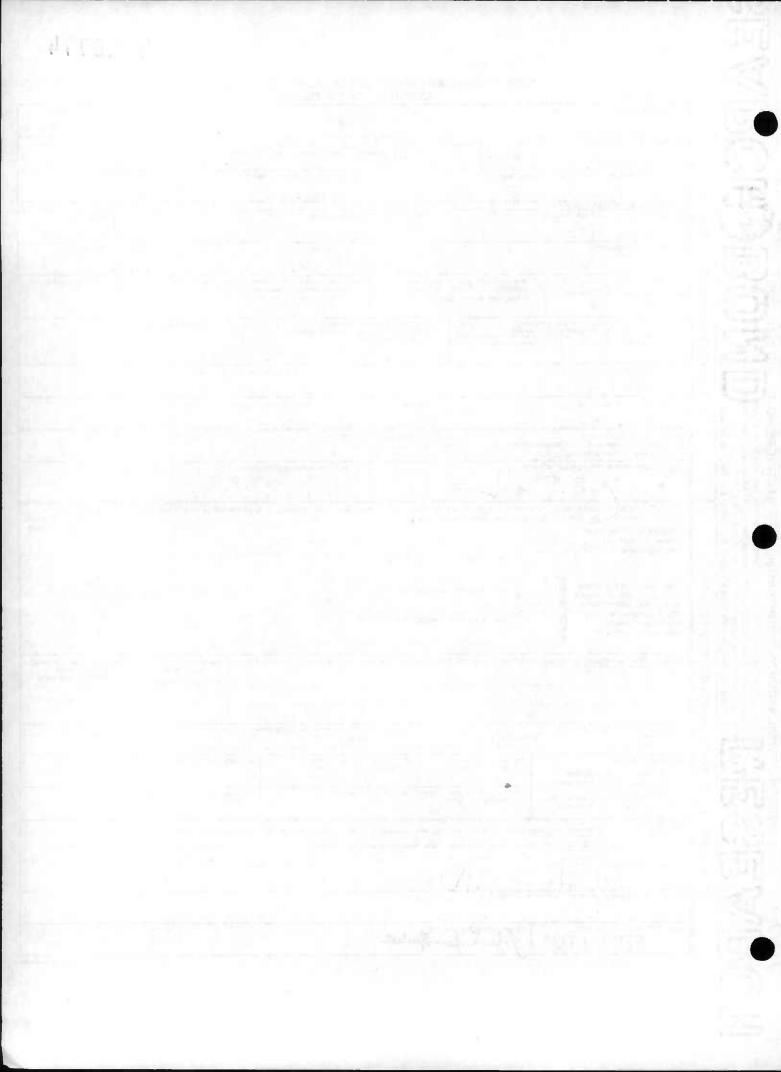
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020	Page 6 may be retained by the hospital or attending physician.	il director, page 5 should be detached for use as the burial-transit per min	
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MORE, MARYLAND 21215-0020	e hospita	etached	
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AAR	etained	should	
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BALTIMORE, MARYLAND 21215-0	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be fled within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	
ARYLAN	ained by the ho	hould be detacl	Ified at once
MORE, M	te 6 may be ret	rector, page 5 s	must be not
BALTIN	after death. Pag	by the funeral di moval.	ical examiner
50,	within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	rte be executed	ysician and com prior to burial,	traumatic ev
S, P.O. E	e death certifica	he attending phy Mental Hygiene	Jury, or other
RECORD	requires that th	of Health and	shows any in
F VITAL	ICIAN: The law	certificate has b	, or Item 23
SIONOIS	TENDING PHYS	TOR: After this of	8 is marked
DIV	SPITAL OR AT	NERAL DIRECT hin 72 hours a	NT: If Item 2
	TO THE HO	TO THE FU	IMPORTA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL I	HYGIENI
CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	TATE OF MARYL	AND / DEPARTI				IYGIENE IEG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) Nancy Sara Seiler					2. DATE OF	DEATH DAY	YEAR	3. TIME OF DEATH
	SEX 6. AGE (In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	Sept.	BIRTH	a. BIRT	4:00pm A
397-38-0529 1 [9e. FACILITY NAME (If not institution, give street a	M 2 🔀 F	52 YRS.	DAYS DAYS	HOURS MIN.		3, 1942	COUNTY OF	Indiana
9909 Shrewsbury Cou			Gaithe		SAIN .		ontgo	
10e. STATE 10b. COUNTY Maryland Montgo	merv		nown on Local					10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	mc1y	Joane		ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?
9909 Shrewsbury Cou	rt					U.S.A		
1 Never Married 2 X Married	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 🖾 NO	If yes, sp	ENDENT OF HISPAP ecify Cuben, Mexica 2 X NO Specifi	n, Puerto Rica		Ble	DE — American Indian, ok, White, etc.
15. DECEDENT'S EDUCATIO (Specify only highest grade comp (Specify only highest grade comp Elementary/Secondary (0-12)	ilege (1-4 or 5+)	16a. DECEDENT'S US (Give kind of worn life. Do NOT use r Biotech.	k done during mo ettred.)	st of working		iotech.		White
17. FATHER'S NAME (First, Middle, Lest)	D.C.			18. MOTHER'S NA	ME (First, Midd)	le, Malden Surnan	ne)	
Richard Bruce Cowdr	ick			Mable I	_		10/11	
19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural				0070
David G. Seiler	205	PLACE AND DATE OF		y Ct., (sburg,		
1 Buriel 2 Cremation 3 Removal	from State cem	etery, cremetory or other etropolita	place)					Virginia
21. SIGNATURE OF FUNERAL SERVICE UCENSE			10 Eas	t Deer lersburg,	eury De	eVol Fu	neral	Home
	Ovarian Ca	CONSEQUENCE OF):	st					Acute 4 Years
PART II. Other aignificant conditions co	ntributing to death b	ut not resulting in	the underlyin	g cause given in		PERFORMED? YES 2 🔀 NO		Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26, PI	ACE OF DEATH (Ch	eck only one)			
	SPITAL: Inpatient 2 - ER/Outp		THER:	e 5 10 Residence	6 Other (Sp	pecify)		
27. MANNER OF DEATH 1 🔀 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME (Y WC	URY AT RK? /ES 2 NO	28d. DEŞCRI	BE HOW INJURY	OCCURED	
3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, atc. (Spec	— At home, term, stre	et, factory, offic	T N		N (Street and Nu. own, State)	mber or Rura	Route Number,
29a. CERTIFIER (Check only one) 1 🔀 CERTIFYING PHYSICIAN 2 🗌 MEDICAL EXAMINER: Or								(6) and manner as stated.
20b. SIGNATURE AND TITLE OF CERTIFIER	PMT			29c. LICENSE NUI D 3227			DATE SIGNE	194
Sherilynn J. Hummel				d Roth	oeda N	/D 2001	7	
31. DATE FILED (Month, Day, Year) SEP 1 4 1994	32. REGISTRAP'S SIGN. Julia Davids		oou koa	id, beth	sud, I	۳۰ ۲۵ <u>۵۱</u>	,	
02, 24,00	0	-				-		DHMH-16 Rev





FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE (OF DEATH		REG. NO.	-		
1. DECEDENT'S NAME (First	, Middle, Last)				-	·	2. DA	TE OF DEATH		YEAR	3. TIME OF OEATH
	I	RUBY T.		STEVEN	S			rember .			4:30 PH
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In)	yrs. last birthday)	IF UNDER 1 Y		7. DAT	E OF BIRTH onth, Day, Year)			PLACE (State or Foreign
579-22-9731	L	1 🗌 M 2 💢 F	95	YRS.	MONTHS D	AYS HOURS MIN.		rch 21,	1899		exas
9e. FACILITY NAME (If not in	stitution, give s	treet end number)			9b. CITY, TO	WN OR LOCATION OF D				JNTY OF D	EATH
6319 TILDEN					ROC	KVILLE			MON	TGOMI	ERY
10e. STATE	10b. COUNTY	1		10c. CI1	Y, TOWN OR L	OCATION					10d. INSIDE CITY
MARYLAND	MONTGO	OMERY		RO	CKVILL	E					LIMITS?
10e. STREET AND NUMBER		-				101. ZIP CODE			10g. CI	TIZEN OF V	VHAT COUNTRY?
6319 TILDEN	LANE			<u> </u>		20852			USA		
11. MARITAL STATUS 1 Never Merried 2	Mandad	12. WAS OECEDEN FORCES? 1	T EVER IN U	S. ARMED		DECENDENT OF HISPA			or No-	14. RACE Black	- American Indian, c, White, atc.
3 X Widowed 4 Divo		IF YES, GIVE W				YES 2 XNO Spec		, , , , , , , , , , , , , , , , , , , ,		Speci	
15. DEC	EDENT'S EDU	CATION COMPOSITED	10	8e. DECEDENT'S	USUAL OCCU	PATION ng most of working	1	6b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (C		College (1-4 or 5 d)	life. Do NOT u	se retired.)	ng most or working					
12				Tabula	tor Op	erator		U.S. G	over	nmen	t
17. FATHER'S NAME (First, M	liddle, Last)					18. MOTHER'S N	AME (Firs	t, Middle, Maiden	Surname)		
Francis	М.	Trayl	or		_	Joseph	nine	Phi	llip	S	
19e. INFORMANT'S NAME (7	Type/Print)					treet and Number or Rural					
Ruth S.	Steve	ens		2004	Franwa	ll Avenue,	WI	neaton,	Mar	yland	1 20902
20e. METHOD OF DISPOSIT 1 Burlet 2 7 Cremetic		oval from State	20b. Pl	LACE AND DATE	OF DISPOSITIO	N (Name of	0/	ATE 20c. LO	CATION -	- City or To	wn, State
4 Donation 5 Other			Me	tropol	itan C	rematory S	9/11.	/94 Ale:	xand	ria,	Virginia
21. SIGNATURE OF FUNERA	L SERVICE LA	ENSEE				NCIS J. CO		IC FINE	DAT	HOME	TNC
Store	WIST	und			500	UNIVERSIT	CA BI	LVD. W	KAL S	TILL	SP., MD 2090
23. PART I. Enter the d abock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to immecause. Enter UNDERLY. CAUSE (Disease or injutation initiated events resulting in death) LAS	lons, diata	a. DUE TO	Se on each	h line.	<u>⇔ cu</u>	Deur C					Interval Between Onset and Death
resulting in death) LAS		d									
PART ii. Other significa	ent condition	a contributing to	desth but	not resulting	in the under	riying cause given ir	Part i.	24a. WAS AN PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE-REFERRED TO EXAMPLE?	O MEOICAL					26. PLACE OF DEATH (C	heck only	one)			
1 YES 2 NO		HOSPITAL: 1 Inpatient 2	ER/Outpatio	ent 3 🗆 DOA	OTHER: 4 Nursing	Home 5 Reeldence	8 🗆 Ot	her (Specify)			
27. MANNER OF OEATH 1 Natural 5	Pending	28e. OATE OF (Month, D		28b. Tife	JURY	c. INJURY AT WORK?	28d. 0	ESCRIBE HOW II	NJURY O	CCURED	
2 Cartes	Investigation Could not be	28e. PLACE O	F INJURY —	At home, farm,		YES 2 NO	28I. LC	DCATION (Street e	and Numbe	or or Rural F	Route Number,
4 Homicide	determined	building,	etc. (Specify)				Ci	ity or Town, State)			
						date end place, end du) end menner ee stated.
29b. SIGNATURE AND TITLE	OF CERTIFIE	Taule		ne		29c. LICENSE NU	JMBER	14	29d. DA	TE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAUS	E OF DEATH	H (ITEM 27) (Type	, Print)			2 .0			1117
chha)	au t	م			18 0,	5 9	ions 19	U,	AUG	
31. DATE FILED (Month, Day,	3 1994	32. REGISTRA		-handell							
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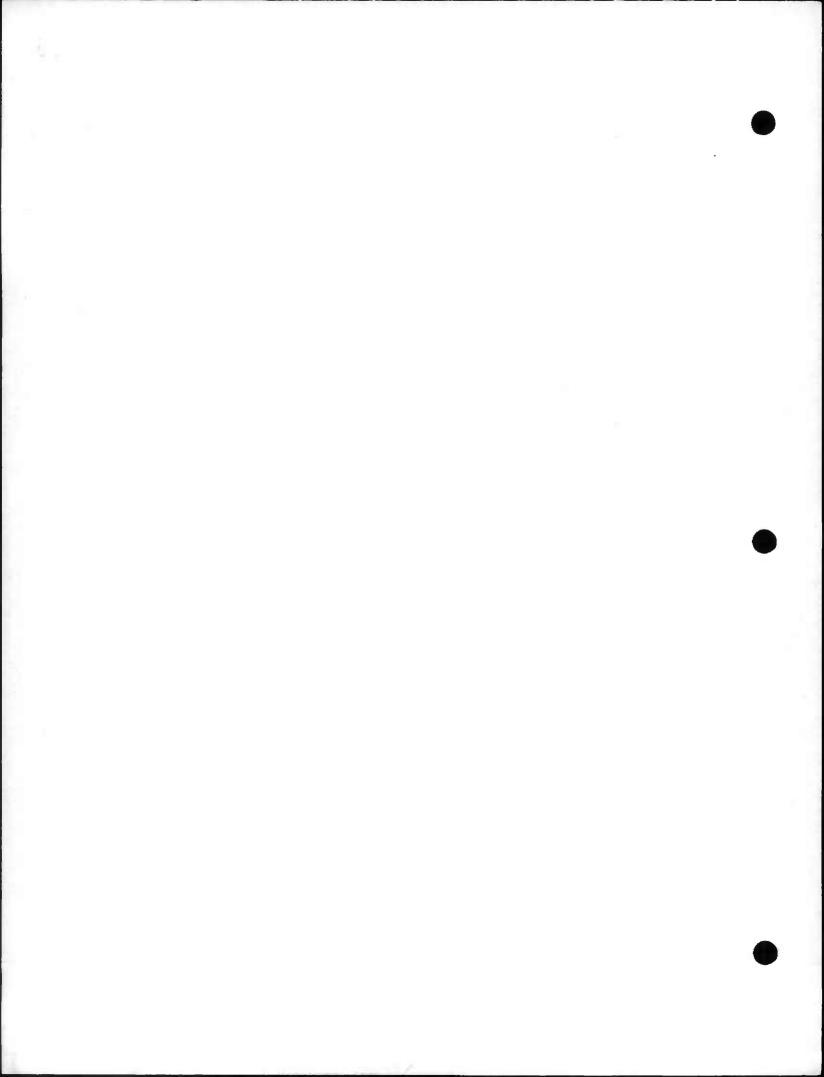
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



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20100.	ours after death. Page 6 may be retained by the hospital or attending physician	of completely tilled in by the funeral director, page 5 should be detached for use as the burlal-fraint permit in Junial, cremation, or removal.	
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	1. DECEDENT'S NAME (First, Middle, Last)	2011	CERTIFICATI	3. 2.3 /1111	REG. NO		3. TIME OF DEATH	
		nauden			MONTH B	AY 94	3136 P	
	4. SOCIAL SECURITY NUMBER 579-34-8911 96. FACILITY NAME (If not institution, give	5. SEX 6. AGE (In yrs 1 ≥ 6	7 YRS. MONTHS	DAYS HOURS MIN.	June 10,	1927 cou	THPLACE (State or Foreign intry) Maryland	
TOR	Washington Adv			town or Location of oil		MONTG		
DIRECTOR	10a. STATE 10b. COUN	ince Georges	10c. CITY, TOWN C	dover		77	10d, INSIDE CITY LIMITS? 1 TY YES 2 NO	
FUNERAL	100. STREET AND NUMBER 3209 Amador D			101. ZIP CODE 2 0 7 8	85	109. CITIZEN OF WHAT COUNTRY? U.S.A.		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 22 IF YES, GIVE WAR OR DATES	₩ 0	WAS DECENDENT OF NISPAI If yes, specify Cuban, Mexics I YES 2 X NO Specif	in, Puerto Rican, atc.)	n or No— 14. RA Bis		
PLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 7 th	UCATION 16a completed) College (1-4 or 5+)	CCUPATION during most of working	16b. KIND OF BU	SINESS/INDUSTRY	531		
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Asbury R. Sno	owden	Truck Dr	18. MOTNER'S NA Mart	ME (First, Middle, Maiden cha Powel	1		
2	190. INFORMANT'S NAME (Type/Print) Thelma L. Snot	wden (Wife)		dor Dr., I			785	
	20a. METHOD OF DISPOSITION 1 → Burlel 2 □ Cremetion 3 □ Rer	20b. PLA	CE AND DATE OF DISPOS		0ATE 20c.10	CATION — City or	Town, State	
	21. SIGNATURE OF FUNERAL SERVICE L	DENSEE	22.	NAME AND ADDRESS OF FA SNOWDEN FU ROCKVILLE	JNERAL HO			
	23. PART I. Enter the disease's, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CARDIA DUE TO (OR AS A CON	ine. C A	RRYTHM	1 A		Approximate intervel Betwoonset end De No T	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A COM	SEQUENCE OF):	ARTERY		USIVE		
RTIFIC	cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	DUE TO (OR AS A CON	ISEOUENCE OF):					
EDICAL	CAUSE (Disease or injury that initieted events	d		iderlying ceuse given in	Part I. 24a. WAS AN PERFOI	RMEO?	4b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION DF CAUS DF DEATH?	
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MEDICAL	CAUSE (Disease or Injury that initieted events resulting in death) LAST	d	ot resulting in the un	26. PLACE OF DEATH (Ch	PERFORM 1 PRES 2	RMEO?	AVAILABLE PRIOR TO COMPLETION DF CAUS DF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initieted events resulting in daeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 ER/Outpatien 28e. DATE OF INJURY (Month, Day, Year)	t 3 DOA OTHER OF INJURY	26. PLACE OF DEATH (Ch R: ling Home 5 Reeldence 28c. INJURY AT WORK? 1 YES 2 NO	PERFORM 1 DVES 2 Peck only one) 8 Other (Specify) 28d, DESCRIBE HOW I	EMERC	AMAILABLE PRIOR TO COMPLETION DF CAUS DF DEATH? 1 YES 2 NO	
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COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initieted events resulting in dasth) LAST PART II. Other significent conditions and the conditions are significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Outpatien 25e. DATE OF INJURY (Month, Day, Year) 25e. PLACE OF INJURY — A building, etc. (Specify) SICIAN: To the best of my knowledge ER: On the best of examination ender	ot resulting in the unit of th	26. PLACE OF DEATH (Ch R: sing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO ory, office	PERFORM 1 VES 2 8 Other (Specify) 2 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, Stete) to the cause(e) and men	AMENCO? A NO SMENCO; NJURY OCCURED and Number or Rura and to the cause 29d. DATE SIGNE SE	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO DENCY ROBERT OF THE PRIOR TO COMPLETION OF CAUS OF THE PRIOR TO TO COMPLETION OF THE PRIOR TO THE PR	

TO BE COMPLETED BY FUNERAL DIRECTOR

32. REGISTRARIO SIGNATURE Pandelle

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+ 1	Anna J
Ser.	No. of Street, or other Persons
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

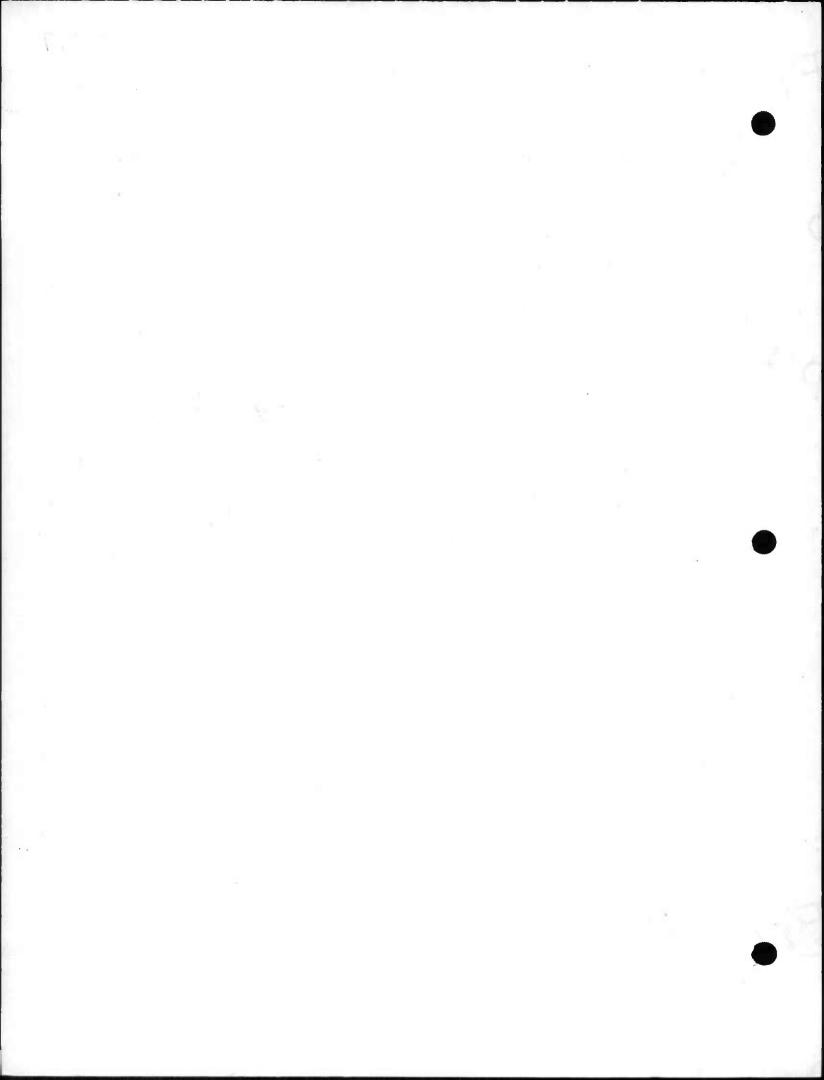
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, SEP

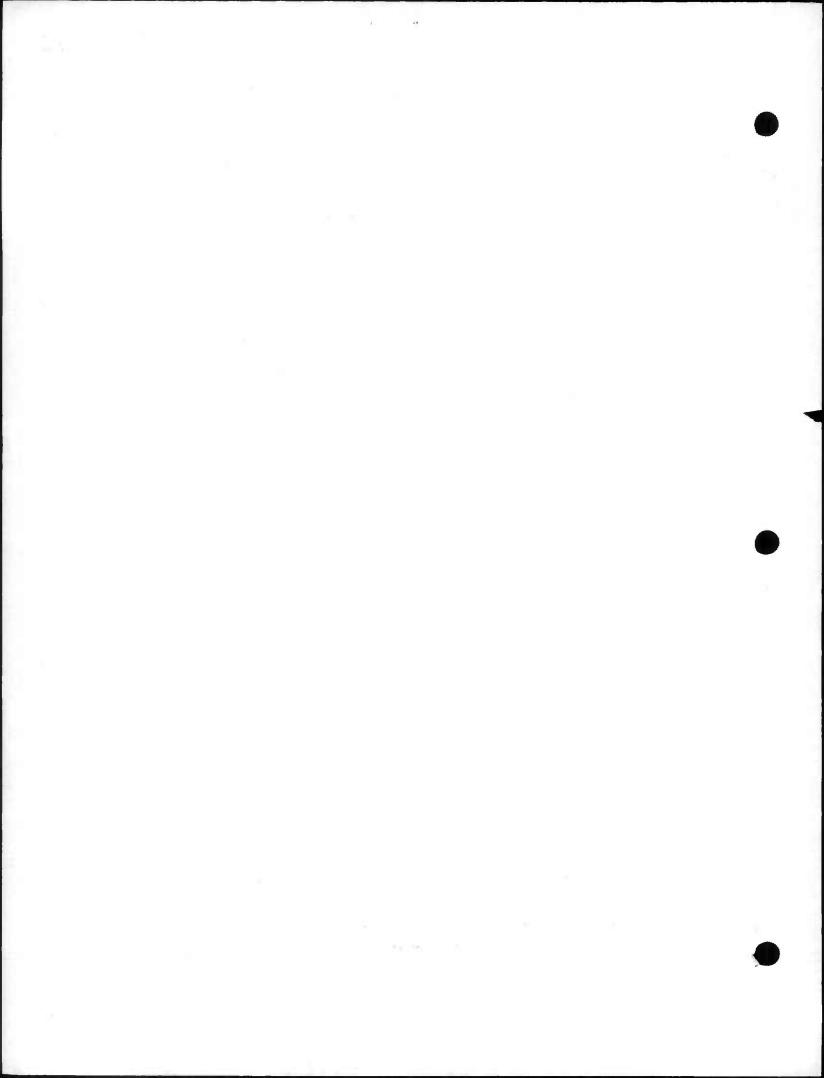
Year)

REGISTRAR	REGISTRAR CERTIFICATE OF DEATH REG. NO.												
1. DECEDENT'S NAME (First,	Middle, Lest)			**	-		2. DATE OF	DEATH DA		YEAR	3. TIME OF D	EATH	_
Charles Ver	non S	herwood,	Sr.				Sept.		1994	YEAR	7:20	D.	М
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE ((In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		6. BIRTH	IPLACE (State o		_
273-16-1979		1 💢 M 2 🗌 F		73 YRS.	MONTHS DAYS	HOURS MIN.	Sept.		1920	Ohi	0		
9a. FACILITY NAME (If not ins	stitution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF DE				NTY OF D			_
Sylvan Mano		sing Home			Silver S	Spring			Mont	gome	ry		_
10a. STATE	10b. COUN	ТҮ		10c. CIT	Y, TOWN OR LOCA	TION		_			10d. INSIDE C	YTK	_
Maryland	Mont	gomery		Gait	hersburg	2					1 X YES 2	□ NO	
10e. STREET AND NUMBER						I. ZIP CODE			10g. CITI	ZEN OF	WHAT COUNTRY		_
933 Clopper	Rd.	Apt. T-2	7-	4		20878			U.S	. A .			
11. MARITAL STATUS		12. WAS DECEDEN	T EVER I	N U.S. ARMED		ENDENT OF NISPAN				14. RACI	E — American I	ndian,	_
1 Never Married 2 X		FORCES? 1	WAR OR D	2 UNO ATES		ecify Cuban, Maxica 2 X NO Specifi		an, atc.)		Spec	k, White, atc.		
3 Widowed 4 Divor	rced	1942 -	1945			24					White	9	
	EDENT'S ED	UCATION le completed)		(Give kind of a	USUAL OCCUPATION	ON ost of working	16b. Ki	ND OF BUS	SINESS/INC	DUSTRY			П
Elementary/Secondary (0-	-12)	College (1-4 or 5	+)	life. Do NOT us									
17. FATHER'S NAME (First, Mi	eletto (ann)	1		Records	clerk			.s. (nmen	ıt		_
		h (1)	1			18. MOTNER'S NA			Surname)				
Raymond Ells		n Snerwoo	а			Cora Est							
19a. INFORMANT'S NAME (Ty						and Number of Huraf	-				00000		
Dolores Mar		erwood				d. # 7-2		· · · · · · ·					_
20a. METNOD OF DISPOSITION 1 Burial 2 □ Cremation	n 3 🗆 Ref	moval from Stata	20b	PLACEAND DATE (netery, crematory or o esthaven	OF DISPOSITION (Na ther place)	ame of	DATE		CATION —				
4 Donation 5 Other		and the same	Re	esthaven			9/8	Fred	deric	k, M	larylan	.d	
21. SIGNATURE OF FUNERAL	SERVICE	20	2			ND ADDRESS OF FA L Funeral							
1	- 1	1											
00 0000 0 0 0	III See to the	, -			10 E.	Deer Par	k Dr.	, Gai	ther	sbur	g, MD	2087	7_
23. PART I. Enter the disahock or he	seasea, or eart fellure	complications the	t ceused	d the deeth. Do r	10 E.	Deer Par	k Dr.	, Gai	ther	sbur	Approx	imste	_
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ahock or he	eart fellure	. List only one ceu	ise on e	ach line.	not enter the mo	de of dylng, suc	h se cardise	c or respi	ratory an	rest,	Approx	imste i Betwee	n
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Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition if any, leading to immedicates. Enter UNDERLYII CAUSE (Disease or injurthet initiated events resulting in death) LAST PART II. Other significent in the initiated events resulting in death) LAST PART II. Other significent EXAMINER? 1 YES 2 NO 27. MANNER OF GRATH 1 Netural 5 1	one, diate NG Ty T Condition	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 26e. DATE OF (Month, E) 28e. PLACE C building,	(OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A	CONSEQUENCE OF CONSEQ	26. PI OTHER: 4 XI Nursing Norm M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g cause given in LACE OF DEATN (Ch. 10 5 Realdence 10RY AT	Part I. 24 Cod Other (S 28d. DESCR 28f. LOCATI City or 1	Ia. WAS AN PERFOR YES 2 ON (Street is flown, State)	AUTOPSY IMEO? NJURY OCCURRED Number	24b	Approximaterya Onset : 3	Y FINDINGS OF TO DE CAUSE NO	n h
Sequentially ilst condition resulting in death) Sequentially ilst condition resulting in death) Sequentially ilst condition resulting in death) Sequentially ilst condition if any, laeding to immedicause. Enter UNDERLYII CAUSE (Disease or Injustree Injus	one, state NG Process of the Condition o	a. DUE TO b. DUE TO c. DUE TO d. Pona contributing to 26a. DATE OF (Month, D. 28a. PLACE Of building, SICIAN: To the best of a	(OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A	CONSEQUENCE OF CONSEQ	26. PI OTHER: 4 XI Nursing Norm M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g cause given in LACE OF DEATN (Chine 5 Realdence HURY AT PRES 2 NO a and place, and due	Part I. 24 eck only one) 5 Other (S 286. DESCR	Ia. WAS AN PERFOR YES 2 ON (Street is flown, State)	AUTOPSY MMED? NO NJURY Octand Number as stated due to the	24b CURED r or Rural I	Approximatery and a second property of the se	Y FINDINGS OR TO DEF CAUSE	n h
Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition if any, leading to immedicates. Enter UNDERLYII CAUSE (Disease or injurthet initiated events resulting in death) LAST PART II. Other significent in the initiated events resulting in death) LAST PART II. Other significent EXAMINER? 1 YES 2 NO 27. MANNER OF GRATH 1 Netural 5 1	one, state NG Process of the Condition o	a. DUE TO b. DUE TO c. DUE TO d. Pona contributing to 26a. DATE OF (Month, D. 28a. PLACE Of building, SICIAN: To the best of a	(OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A	CONSEQUENCE OF CONSEQ	26. PI OTHER: 4 XI Nursing Norm M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g cause given in LACE OF DEATN (Chine 5 Residence BURY AT PYES 2 NO a and place, and due leath occured at the	Part I. 24 eck only one) 6 Other (S 28d. DESCR	Ia. WAS AN PERFOR YES 2 ON (Street is flown, State)	AUTOPSY MED? NO NJURY OCCURN NO NAME AND A STATE OF THE	24b CURED or Rural I	Approximatery and a second sec	Y FINDINGS OR TO DEF CAUSE	n h
Shock of the shock	one, flate NG Pending restlector Could not be datarmined IFYING PHYS	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatiant 2 26s. DATE OF (Month, B) 28a. PLACE Of building, SICIAN: To the best of a	(OR AS A (OR AS A (OR AS A (OR AS A death b ER/Outp tNJURY stc. (Spec	ach line. A CONSEQUENCE OF CONSEQUE	The underlying the un	g cause given in LACE OF DEATN (Chine 5 Realdence HURY AT PRES 2 NO a and place, and due	Part I. 24 eck only one) 6 Other (S 28d. DESCR	Ia. WAS AN PERFOR YES 2 ON (Street is flown, State)	AUTOPSY MED? NO NJURY OCCURN NO NAME AND A STATE OF THE	24b CURED or Rural I	Approximatery and a second property of the se	Y FINDINGS OR TO DEF CAUSE	n h



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Gours after death. Page 6 may be retained by the hospital or attending physician	urs after death. Page 6 may be retained by the hospital or attending physiciar
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trabe filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	in by the funeral director, page 5 should be detached for use as the burial-tra removal.
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	edical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND /		MENT OF I		MENT	AL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATN			3. TIME OF DEATN
34	Bet	ty	Lou	Thom	npson		MON To a	1 v 26	1994	YEAR	7:55 A.M M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTN			LACE (State or Foreign
	214-34-8820	1 🗆 M 2/5/F	62	YRS.	MONTHS DAYS	HOURS MIN.		20,19	32	,,	yland
	9e. FACILITY NAME (If not Institution, give a	treet and number)			9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNT		
DIRECTOR	Memorial Hospital at Easton				Eastor				Talbot		
HE I	10e. STATE 10b. COUNTY				TOWN OR LOCA				10d. INSIDE C LIMITS?		
	Maryland Car	oline		Go	oldsbo	ro				1	☐ YES 2 1 NO
FUNERAL	10e. STREET AND NUMBER				10	. ZIP CODE					AT COUNTRY?
Ä	26660 Sandtow	T				21636				S.A	•
<u> </u>	11. MARITAL STATUS 1 Never Merried 2 Married	FORCES?	NT EVER IN U.S. AF		13. WAS DE	ENDENT OF HISPA	NIC ORIG	IN? (Specify Yes o Rican, atc.)	or No— 1	4. RACE - Black,	- American Indien, White, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1 TYES	2XXXVO Speci	fy:			Specify:	
	15. OECEDENT'S EOU	CATION	16e. DE	CEDENT'S U	ISUAL OCCUPATI	ON	10	Bb. KIND OF BUS	INESS/INOU	11	ite
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	- Man	live kind of wo Do NOT use	ork done during me retired.)	st of working					
PP.	11			usewi	ife						
COMPLETED	17. FATNER'S NAME (First, Middle, Last)							, Middle, Maiden			
BE (Charles Russe	ell Poe					_	V. Tho	~		
2	19e. INFORMANT'S NAME (Type/Print)	-1				and Number or Rural					
-1	James Edward !	l'hompso	n 2	26660	Sand					, M	d. 21636
	20e. METHOO OF DISPOSITION 1 Suriel 2 Cremation 3 Rem	oval from State	cemetery, cre		F DISPOSITION (N er place)	Till	v 3	9, 199	ATION — CI	ly or Tow	n, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	PENSEE	Ster	zensv	rille (emeter	V	'I Ste	vens	vil	le, Md.
	-W-0N	2/1	10	-				Funer	al H	ome	s, P.A.
	que 4.	gelf	enbee	2	1106 9	Shamroc	k R	d . Ch	este	r.	Md. 21619
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications the	st coused the de	eth. Do no	ot enter the mo	de of dying, suc	ch as ce	rdlec or reepi	etory erre	nt,	Approximate Interval Between
	IMMEDIATE CALISE /Float		^		/	1.					Onset and Death
	disease or condition resulting in death)	B. ASAV	cy vine	7, 00	vaplo	sno					2.5418.
		DUE TO	O (OF AS A CONSE	OUENCE OF)	: \{						
NO N	Sequentially list conditione, Due to (or as a consequence of):										
AT	If any, leading to immediate cause. Enter UNDERLYING									j	
Ĕ	CAUSE (Disease or injury that initiated events Due to (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in death) LAST										
	PART II. Other significent condition	e contributing to	death but not i	resulting in	the underlyin	n cause given in	Part I	24s, WAS AN	AUTOREY] 245 W	VERE AUTOPSY FINDINGS
CAL					t the dilucityin	g couse given in	roit i.	PERFOR	MED?	A	WAILABLE PRIOR TO COMPLETION OF CAUSE
E								1 _ YES 2	Ю №	0	OF DEATH?
Σ										"	YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL				26. P	ACE OF DEATN (C	heck only	one)		1	
SIC	EXAMINER? 1 TYES 2 TO NO	HOSPITAL:	☐ ER/Outpatient 3		OTHER:	e 5 🗆 Residence					
Ŧ	27. MANNER OF DEATH	28e. DATE O	F INJURY	28b. TIME	OF 28c. IN.	URY AT		EŞCRIBE NOW IN	JURY OCCU	PED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, i	Day, Year)	INJU		YES 2 NO					
	3 Suicide 6 Could not be	28a. PLACE (OF INJURY — At he	ome, farm, st	reet, factory, offic		281. LC	CATION (Street a	nd Number o	r Rural Roo	ute Number,
H	4 Homicide determined		, , , , , , , , , , , , , , , , , , , ,					y or lown, draidy			
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	CIAN: To the beat o	f my knowledge, da	ath occurred	s at the time, data	and place, and du	e to the c	euse(s) and men	ner as stated	1.	
0	one) 2 MEOICAL EXAMINE	R: On the basis of	examination and/or	Investigation	, in my opinion, o	eath occured at the	time, da	te end place, end	due to the	ceuse(a) s	and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	A				29c. LICENSE NU	MBER		29d. DATE	SIGNEO (A	Vonth, Day, Year)
TO B	1) 1/20					D3988	7		► T ₁	ılv	1994
ř	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	ISE OF DEATH (ITE	M 27) (Type, I	Print)			T-U		,,,	1334
	David H. Smith	Mp. 50	9 Idlew	ild A	ve Ea	ston. M	d	21601			
	JUL 29 199	A 32. REGISTR	AR'S SIGNATURE	Banka B	-						
- 4	00F 50 100	1 //		Minks with	A						



S, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-002	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bube filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the to the fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other	

for 1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAR CERTIF	TMENT OF I		MENTAL HYGIEN REG. NO	E		
1. DECEDENT'S NAME (First, Middle Irene Ann T					2. DATE OF DEATH MONTH DA		3. TIME OF DEATH 5:55 PM M	
4. SOCIAL SECURITY NUMBER 219-36-6768 98. FACILITY NAME (If not institution	1 □ M <u>3√</u> 3∕F	AGE (In yrs. last birthday) 55 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 8, 1	8, B	IRTHPLACE (State or Foreign ountry) Iaryland	
144 - 12	416 Railroad Avenue Centreville						en Anne's	
100. STATE 10b.	TATE 106. COUNTY 10c. CITY, TOWN OF aryland Queen Anne's Graso						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 107 Timms I 11. MARITAL STATUS 11 Never Married 2-12 Married	o. STREET AND NUMBER 107 Timms Lane			21638		10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
11. MARITAL STATUS 1 Never Merried 2 Merrie 3 Widowed 4 Divorced	RITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES				NIC ORIGIN? (Specify Yea an, Puerto Ricen, etc.) y:			
	"S EDUCATION st grade completed) College (1-4 or 5+)	- W - W - W	USUAL OCCUPATE rook done during me retired.)	DN st of working	16b. KIND OF BUS	SINESS/INDUSTI		
5 17. FATHER'S NAME (First, Middle, L Samuel Lewi	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NA						ark	
19a. INFORMANT'S NAME (Type/Pri	Samuel Lewis Smith, Sr. Elsie Elizabeth Clark 198. INFORMANT'S NAME (Type/Print) James Elwood Timms, Sr. P.O. Box 327 Elsie Elizabeth Clark 190. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 107 Timms Lane P.O. Box 327 Grasonville Md 21638							
20a. METHOD OF DISPOSITION Burlel 2 Cremation 3 Donation 5 Other (Species) 21. SIGNATURE OF FUNERAL SERV		20b. PLACE AND DATE Commetery, cremetery or old	ille C. 22. NAME A TOM	Au emetery no address of fa Helfenb	ein Fune:	4 Stev	vensville, omes, P.A.	
23. PART I. Enter the disease shock, or heart for immediate cause. Enter UNDERLYING CAUSE (Placese or condition, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR	thuy l	yngh.		th as cardlec or respi	ratory srreat,	Approximeta Interval Between Onset and Daeti	
PART II. Other significant co	nditions contributing to de	eth but not resulting I	n the underlylr	g cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:		28. P	ACE OF DEATH (Ch	neck only one)			
		URY 28b. TIM	E OF 28c. IN	NRY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURE	D	
2 Outstday	not be 28s. PLACE OF IN building, etc.	JURY — A1 home, farm, a (Specify)	street, factory, offic	•	26f. LOCATION (Street City or Town, State)	and Number or Ri	ural Route Number,	
One) 2 MEDICAL E	3 PHYSICIAN: To the best of my XAMINER: On the bests of axam					d dua to the car		
30. NAME AND ADDRESS OF PERS	Tous	OF DEATH (ITEM 27) (Type,	Print)	D\$9.	PPT	≥ S A	MED (Month, Day, Yoar)	
David H. Sm		509 Idle	wild A	7e., Ea	ston, Md	216	01	

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physical	filled in by the funeral director, page 5 should be detached for use as the burnal on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending prival	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF I		MEN	TAL HYGIEN				
9	1. DECEDENT'S NAME (First, Middle, Last)						ATE OF DEATH		3	. TIME OF DEATH	1
1	Merlene Mary	Troy				Se	ptember M	"11, 1	994	11:59	Ам
	The state of the s		yrs. last birtnday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 D	ATE OF BIRTH		BIRTHPL	ACE (State or For	eign
		1 🗆 M 2 💢 F 📗 88	YRS.	MONTHS DAYS	HOURS MIN.		g. 20, 1	1906	Virg	ginia	
~	9a. FACILITY NAME (If not institution, give stre				OR LOCATION OF D			9c. COUNT			
DIRECTOR	Calvert Memorial	Hospital		Pr	ince Fre	der	ick	С	alve	ert	
3EC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				1	Od. INSIDE CITY	
	Maryland Calver	t	Che	sapeake	Beach				1	LIMITS?	10
1AL	10e. STREET AND NUMBER			10	. ZIP CODE			10g. CITIZE	N OF WH	AT COUNTRY?	
FUNERAL	3906 Dogwood Road				20732			U.S.	Α.		
ᆵ	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U FORCES? 1 YES	U.S. ARMED 2 X NO	13. WAS DEC	ENDENT OF HISPAI	NIC OR	IGIN? (Specify Yea rto Rican, atc.)	or No 1	RACE -	- American Indian White, etc.	٦,
à	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DAT	ES	1 🗆 YES	2 X NO Specif	fy:		١,	Specify: Whit	0	
8	15. DECEDENT'S EDUCA	TION 1	16a. DECEDENT'S	USUAL OCCUPATION	ON		16b. KIND OF BUS				
ᄪ	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during mo se retired.)	ost of working						
MPI	Unknown		Housew	rife			Home				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						rsi, Middle, Malden				
BE	Ernest Zimmerman					_	Virgini			ær	
2	19a. INFORMANT'S NAME (Type/Print) Catherine M. Heim	(doughton)			and Number or Rural					00655	
	20a. METHOD OF DISPOSITION	201.0		OF DISPOSITION (NA	eek Driv						
	1 N Burial 2 Cremation 3 Remov				Cemetery		14 Arl				
	21. SIGNATURE OF FUNERAL SERVICE LIGHT			22. NAME A	D ADDRESS OF FA	ACILITY		2.1.900.	-/		
	1 4 5 5	1		Rausc	h Funera	II H	lome, 44	05 Bro	comes	s Island	d Rd
	23. PART i. Enter the diseases, or co	mplications that caused t	the death Do I		Republic					1	
	shock, or heart fellure. Li	st only one ceuse on eec	ch line.	ot enter the me	de or dying, suc	un ae c	cerdiec or respii	ratory arres	it.	Approximat	lween
	disease or condition	IMMEDIATE CAUSE (Finel								Onset end	Daath
	disease or condition resulting in death) a. Ventricular Arrythma DUE TO (OR AS A CONSEQUENCE OF): Atmospleoty Cadovascylar Digust DUE TO (OR AS A CONSEQUENCE OF):										
	resulting in death) a.	DUE TO (OR AS A C	CONSEQUENCE OF	F):	rythr	na	1				
N		DUE TO (OR AS A C	CONSEQUENCE OF	FI: C	adove	n h	yla (Discu	, ÇV		
ATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	CONSEQUENCE OF	of C	adova	436	yla (Digen	, ÇV		
FICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DOE TO (ON AS A C	ONSECUENCE O	r):	adove	486	yla !	Deca	, ÇN		
RTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSECUENCE O	r):	crythr	436	yla () gen	ÇV		
CERTIFICATION	Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A C	CONSEQUENCE OF	F):) SCA	SN.		
A	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A C	CONSEQUENCE OF	F):				AUTOPSY	24b. W	FERE AUTOPSY FIN	
A	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A C	CONSEQUENCE OF	F):			. 24a. WAS AN	AUTOPSY MED?	24b. W	PERE AUTOPSY FIN	0
MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificent conditions Hyper	DUE TO (OR AS A C	consequence of	r): F): In the underlyIn	g cause given in	Pert i	24a. WAS AN PERFORI	AUTOPSY MED?	24b. W AM CC	FERE AUTOPSY FIN WAILABLE PRIOR TO OMPLETION OF CA	USE
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificent conditions Hypra DID TOBACCO USE CONTRI	DUE TO (OR AS A C	consequence of	F): In the underlyIn	g cause given in	Pert i	24a. WAS AN PERFORI	AUTOPSY MED?	24b. W AM CC	IERE AUTOPSY FIN WAILABLE PRIOR TO OMPLETION OF CA F DEATH?	USE
MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other aignificent conditions DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A C Contributing to death but BUTE TO CAUSE OF 28	CONSEQUENCE OF DEATH YES	in the underlying S NO If (Check only one) OTHER:	g cause given in	Pert i	. 24a. WAS AN / PERFORI	AUTOPSY MED?	24b. W AM CC	IERE AUTOPSY FIN WAILABLE PRIOR TO OMPLETION OF CA F DEATH?	USE
MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other aignificent conditions DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A C Contributing to death but COLOR BUTE TO CAUSE OF 28 HOSPITAL: Inputient 2 = ER/Outpetil 28a. DATE OF INJURY	CONSEQUENCE OF DEATH YES	In the underlying S NO If (Check only one) OTHER: 4 Nursing Hom	g cause given in UNCERTAII	Pert i	24a, WAS AN PERFORI 1 YES 2	AUTOPSY MED? NO	24b. W AA CO O 1	IERE AUTOPSY FIN WAILABLE PRIOR TO OMPLETION OF CA F DEATH?	USE
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificent conditions DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A C contributing to death but CONTRIBUTE TO CAUSE OF 28 HOSPITAL:	DEATH YE	In the underlyIn In the underlyIn If (Check only one) OTHER: 4 Nursing Hom E OF 28c, INJ, WK	g cause given in UNCERTAII	Pert i	. 24a. WAS AN / PERFORI	AUTOPSY MED? NO	24b. W AA CO O 1	IERE AUTOPSY FIN WAILABLE PRIOR TO OMPLETION OF CA F DEATH?	USE
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other aignificent conditions DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicida 8 Could not be	DUE TO (OR AS A C Contributing to death but COLOR BUTE TO CAUSE OF BUTE TO CAUSE OF 10 Inpetient 2 ER/Outpeti 280. DATE OF INJURY (Month, Day, Year) 280. PLACE OF INJURY	DEATH YES. PLACE OF DEATH INJ	In the underlying S NO TH (Check only one) OTHER: 4 Nursing Horr M 1 WC	UNCERTAII S M Residence URY AT RK7 YES 2 NO	8 G C 28d.	24a. WAS AN PERFORI 1 YES 2 Other (Specify) DESCRIBE HOW IN	AUTOPSY MEO? NO	24b, W All C O 1	VERE AUTOPSY FIN VAILABLE PRIOR TO OMPLETION OF CA F DEATH?	USE
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificent conditions DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO (OR AS A C Contributing to death but COLOR BUTE TO CAUSE OF 10 Inpatient 2 = ER/Outpett 28e. DATE OF INJURY (Month, Day, Year)	DEATH YES. PLACE OF DEATH INJ	In the underlying S NO TH (Check only one) OTHER: 4 Nursing Horr M 1 WC	UNCERTAII S M Residence URY AT RK7 YES 2 NO	8 G C 28d.	24a. WAS AN PERFORI 1 YES 2 Wher (Specify) DESCRIBE HOW IN	AUTOPSY MEO? NO	24b, W All C O 1	VERE AUTOPSY FIN VAILABLE PRIOR TO OMPLETION OF CA F DEATH?	USE
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent conditions DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicida 8 Could not be detarmined	DUE TO (OR AS A C Contributing to death but COLOR BUTE TO CAUSE OF BUTE TO CAUSE OF 10 Inpetient 2 ER/Outpeti 280. DATE OF INJURY (Month, Day, Year) 280. PLACE OF INJURY	DEATH YES. PLACE OF DEATH INJ	F): In the underlying If (Check only one) OTHER: 4 Nursing Horr E OF 28c, INJ URY M 1 U	UNCERTAIN S FRESIDENCE URY AT RK? YES 2 NO	8 C C 28d. 1	24a. WAS AN PERFORI 1 YES 2 Other (Specify) DESCRIBE HOW IN LOCATION (Street as	AUTOPSY MED? NO NO NUMBER OF	24b. W AN CO O 1	VERE AUTOPSY FIN VAILABLE PRIOR TO OMPLETION OF CA F DEATH?	USE
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significent conditions DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29e. CERTIFIER (Check only) 29e. CERTIFIER (Check only)	DUE TO (OR AS A C Contributing to death but C C C C C C C C C C C C C C C C C C C	DEATH YE S. PLACE OF DEATH All home, term, and the courts of the court	in the underlying If (Check only one) OTHER: 4 Nursing Horr BEOF 28c, INJ URY M 1 street, tactory, office ad at the time, data	UNCERTAIN S Presidence URY AT RK? YES 2 NO and place, and due	N S C 28d.	24a. WAS AN PERFORI 1 YES 2 Other (Specify) DESCRIBE HOW IN LOCATION (Street as City or Town, State)	AUTOPSY MED? NO NURY OCCUR INDEX OF THE PROPERTY OF THE PROPER	24b. W AN CC O O 1	VAILABLE PRIOR TI OMPLETION OF CA F DEATH? YES 2 NO	D USE
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significent conditions DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29e. CERTIFIER (Check only) 29e. CERTIFIER (Check only)	DUE TO (OR AS A C Contributing to death but C C OF BUTE TO CAUSE OF 28 HOSPITAL: Inpetient 2 ER/Outpeti 28a. DATE OF INJURY (Month, Day, Year) 28b. PLACE OF INJURY building, atc. (Specify)	DEATH YE S. PLACE OF DEATH All home, term, and the courts of the court	in the underlying If (Check only one) OTHER: 4 Nursing Horr BEOF 28c, INJ URY M 1 street, tactory, office ad at the time, data	UNCERTAIL UNCERTAIL E 5 A Residence URY AT RK? YES 2 NO e and place, and due aeth occured at the	8 C 28d. 1 28t. 1 (24a. WAS AN PERFORI 1 YES 2 Other (Specify) DESCRIBE HOW IN LOCATION (Street as Cause(a) and manudata and place, and	AUTOPSY MED? NO NO NUMBER OF THE STATE OF	24b. W All CO O 1 RED Rural Rou ::ause(a) a	VAILABLE PRIOR TI OMPLETION OF CA F DEATH? YES 2 NO	D USE
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E COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificent conditions DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 8 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	DUE TO (OR AS A C Contributing to death but COLOR BUTE TO CAUSE OF 28 HOSPITAL: Inpatiant 2 ER/Outpati 28a. DATE OF INJURY (Month, Day, Year) 28b. PLACE OF INJURY building, stc. (Specify, AN: To the best of my knowled On the basis of axamination a	DEATH YES. PLACE OF DEATH INJ. - All home, term, of the death occurrend of the death occurrend of the death occurrend of the death occurrend of the death occurrend of the death occurrend of the death occurrend of the death occurrend of the death occurrend of the death occurrend of the death occurrend of the death occurrend of the death occurrend of the death occurrend of the death occurrend of the death occurrend of the death occurrend occurrend of the death occurrend occurrence of the death occurrend occurrence of the death occurrence occurrence of the death occurrence occur	In the underlying In the underlying In (Check only one) OTHER: 4 Nursing Hom E OF 28c. INJ URY M 1 1 1 street, tactory, officed at the time, data on, in my opinion, d	UNCERTAIL UNCERTAIL E 5 A Residence URY AT RK? YES 2 NO e and place, and due aeth occured at the	8 C 28d. 1 28t. 1 (24a. WAS AN PERFORI 1 YES 2 Other (Specify) DESCRIBE HOW IN LOCATION (Street as Cause(a) and manudata and place, and	AUTOPSY MED? NO NO NUMBER OF THE STATE OF	24b. W All CO O 1 RED Rural Rou ::ause(a) a	PERE AUTOPSY FINING WAILABLE PRIOR TO OMPLETION OF CA F DEATH? YES 2 No. 10 No	D USE
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificent conditions DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A C CONTributing to death but COMPLETED CAUSE OF DEFIOURY AN: To the best of my knowled On the basis of examination a	DEATH YE DEATH	In the underlying In the underlying In (Check only one) OTHER: 4 Nursing Hom E OF 28c. INJ URY M 1 1 1 street, tactory, officed at the time, data on, in my opinion, d	UNCERTAIL UNCERTAIL E 5 A Residence URY AT RK? YES 2 NO e and place, and due aeth occured at the	8 C 28d. 1 28t. 1 (24a. WAS AN PERFORI 1 YES 2 Other (Specify) DESCRIBE HOW IN LOCATION (Street as Cause(a) and manudata and place, and	AUTOPSY MED? NO NO NUMBER OF THE STATE OF	24b. W All CO O 1 RED Rural Rou ::ause(a) a	PERE AUTOPSY FINING WAILABLE PRIOR TO OMPLETION OF CA F DEATH? YES 2 No. 10 No	D USE
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent conditions DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A C Contributing to death but BUTE TO CAUSE OF 28 HOSPITAL: Inpatiant 2 ER/Outpeti 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Specify. AN: To the best of my knowled On the basis of axamination a	DEATH YES. PLACE OF DEATH INJ. All home, term, and/or investigation. H (ITEM 27) (Type,	In the underlying In the underlying In (Check only one) OTHER: 4 Nursing Hom E OF 28c. INJ URY M 1 1 1 street, tactory, officed at the time, data on, in my opinion, d	UNCERTAIL UNCERTAIL E 5 A Residence URY AT RK? YES 2 NO e and place, and due aeth occured at the	8 C 28d. 1 28t. 1 (24a. WAS AN PERFORI 1 YES 2 Other (Specify) DESCRIBE HOW IN LOCATION (Street as Cause(a) and manudata and place, and	AUTOPSY MED? NO NO NUMBER OF THE STATE OF	24b. W All CO O 1 RED Rural Rou ::ause(a) a	PERE AUTOPSY FINING WAILABLE PRIOR TO OMPLETION OF CA F DEATH? YES 2 No. 10 No	D USE

Dr.			8.	ELD-W	ı
	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE OF MARYLAND REGISTRAR			OF HEALTH AND		GIENE 3. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) Irene M. Thomso	on			2. DATE OF DE	10, 199	4 YEAR 7:00 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. 23-30-1951 1 M 2 X F 66	lest birthday) YRS.		AYS HOURS MIN.	7. DATE OF BIF (Month, Day, JULY 2]	, 1928	BIRTHPLACE (State or Foreign Country) England
OR B	9a. FACILITY NAME (If not institution, give street and number) 409 Branch Drive RESIDENCE OF DECEDENT			ver Spring	EATH		nty of oeath tgomery
DIRECTOR	10a. STATE 10b. COUNTY		Y, TOWN OR				10d. INSIDE CITY LIMITS?
	Maryland Montgomery 100. STREET AND NUMBER]3	iiver	Spring 101. ZIP CODE		10g. CITI	1 ☐ YES 2 ☐XNO
FUNERAL	409 Branch Drive 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.	ARMED	13. WA	20901 S DECENDENT OF HISPAN	NIC ORIGIN? (Spe	cify Yes or No-	ited States 14. RACE — American Indian,
В	1 Never Merried 2 Merried 3 Wildowed 4 Divorced FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	—————————————————————————————————————		es, specify Cuben, Mexica YES 2 NO Specify		etc.)	Black, White, etc. Specify: White
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT us	vork done dun e retired.)	JPATION ng most of working		OF BUSINESS/INC	DUSTRY
COMI	17. FATHER'S NAME (First, Middle, Last)	Bookke	eper_	18. MOTHER'S NA	ME (First, Middle,	Ance Maiden Sumame)	
TO BE	19e. INFDRMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (S	Ethel	Lane Route Number, City	or Town, State, Zip	Code)
		E AND DATE			OATE	Oc. LOCATION	City or Town, State
	1 Burlel 2 N Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	crematory or or Ltimor	<u>e-Wast</u>	nington Cre		Laurel,	Maryland
	· Eileen W. Rap	P	933	op Funeral 3 Gist Aven	ue, Sil	ver Spr	ing. MD 20910
	23. PART I. Enter the diseases, Dr complications that caused the ahock, or heart failure. List only one cause on each if immediate CAUSE (Final disease Dr condition resulting in death) DUE TO (OR AS A CONSTITUTE OF TO (OR AS	tra	20	e mode of dying, suc		respiratory arr	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions 6. COPD	SEQUENCE OF	j:				
A I	PART II. Other significant conditions contributing to death but no	t resulting i	n the unde	rlying cause given in	F	AS AN AUTOPSY ERFORMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
PHYSICIAN: MEDIC						YES 2 NO	DF DEATH?
CIAN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	ACE OF DEAT	H (Check onl)		<u> </u>		
HYSI	1 ☐ YES 2 💢 NO	28b. TIM	E OF 28	Home 5 X Residence		how injury occ	CURED
₽	Natural 5 Pending (Month, Day, Year) 2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At			WORK? YES 2 NO	28f. LOCATION	Street and Number	or Rural Route Number.
ETED	4 Homicide determined building, stc. (Specify)				City or Town	, State)	
COMPLETED	(Check only one) 2 MEOICAL EXAMINER: On the basis of examination end/						
TO BE	39h. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I	18	>	29c. LICENSE NUM	ABER		ept. 10, 1994
	Ira Tauber, M. D., 10301 Georg	jia Ave		#304, Silv	er Spri	ng, MD 2	20902
	31. DATE FILED (Month, Day, Year) SEP 1 2 1994 Julia Davidson To						
	the first the first tipe of th	-					DHMH-16 Rev 1/89

1989/10/1	Maria de Por	4	-45
BALTIMORE, MARYLAND 21215-0020	e retained by the hospital or attending physician.	e 5 should be detached for use as the burial-transi	notified at once.
BALTIMORE,	Gours after death. Page 6 may but	filled in by the funeral director, page	the medical examiner must be
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within clours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit pour filled within 72 hours after health with the State Dent of Health and Mental Hydiene prior to hural commonly or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

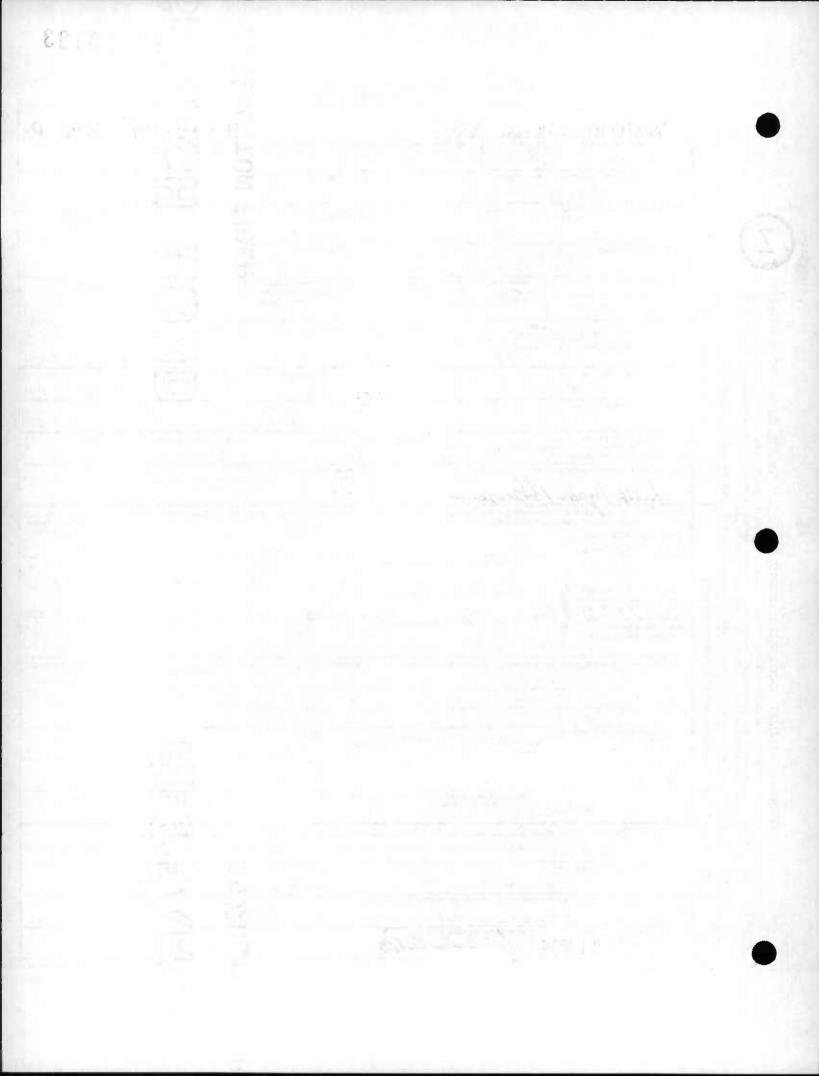
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLAI		TMENT OF I		MENTAL HYGIEN REG. NO.	E	
1. OECEDENT'S NAME (First, Middle, Last)	2 11 -1		477		DATE OF DEATH	v. /	1. TIME OF DESTRE
4. SOCIAL SECURITY NUMBER		MI 4/1		X	Extensed 1	4/99	4/17/1
	1 M 2 F 7	yrs. lest birthday) [WONTHS DAYS	HOURS MIN.	NOV. 22,	1916	ARTHPLACE (State of Foreign Country)
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D			S. C.
PESIDENCE OF DECEDENT	Drive		Ten	mple Hill	.s	P. 0	3.
10a. STATE 10b. COUNT	γ	10c. CITY	r, TOWN OR LOCA	TION			10d. INSIDE CITY
Md.	P. G.		Temp	ole Hills	5		LIMITS?
10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
2322 St. Clair	Drive 12. WAS DECEDENT EVER IN U			2074			J. S. A.
1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 300	If yes, s	DECIDENT OF HISPA Decity Cuban, Mexico S 2 X NO Specia	NIC ORIGIN? (Specify Yearn, Puarto Rican, atc.) fy:	or No—	Black Specify: Black
15. DECEDENT'S EDU (Specify only highest grad	JCATION 1 s completed)	6a. DECEDENT'S	rork done durina m		16b. KIND OF BUS	SINESS/INOUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	iife. Do NOT us	The second second		Restau	wa mt	
17. FATHER'S NAME (First, Middle, Last)		Salac	<u>Maker</u>	18. MOTHER'S NA	ME (First, Middle, Maiden		
John Pugh				ł .	unk		
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		
Julia Bailey 204. METHOD OF DISPOSITION	100.00				S.E., Wash.		
1 💢 Burial 2 🗆 Cremation 3 🗆 Ren 4 🗆 Donation 5 🗆 Other (Specify)	noval from Stata camete	LACE AND DATE Of the control of the	her place)		01 1	ndove:	y or Town, Stata
21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME A	ND ADDRESS OF FA	CILITY		
· An.	Horlon		600) Kennedy	on Co. Mort Street, N	. W.	
	List only one cause on each	he deeth. Do n h iine.	ot enter the me	ode of dying, euc	h es cerdiac or respl	ratory arree	Interval Between
immediate cause (Finel disease or condition resulting in death)	Seafetic he			rendist	as well o	nico	Onset end Death
0	b		,				
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSEQUENCE OF):				
CAUSE (Disease or Injury that Initiated events	C. DUE TO (OR AS A C	ONSEQUENCE OF):				
resulting in death) LAST	d						
PART il. Other eignificant condition	ns contributing to death but	not recuiting in	n the underlyin	g cause given in	Part I. 24a. WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS
					PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						2 110	OF DEATH?
DID TOBACCO USE CONT					N 🗆		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? TO YES 2 NO	HOSPITAL:	PLACE OF DEAT	OTHER:				
27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outpatie	28b. TIME	OF 28c. IN	URY AT	6 Other (Specify) 26d. DESCRIBE HOW II	JURY OCCUP	REO.
1 Nstural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		YES 2 NO			
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, st	treet, factory, offic		281. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,
29a. CERTIFIER (Check only	ICIAN: To the best of my knowled	ga, daath occurre	d at the time, date	end place, and dua	to the cause(a) and men	ner as stated.	
one) 2 MEDICAL EXAMINE	R: On the basia of axamination a	nd/or investigation	n, in my opinion, e	leath occured at the	time, data and placa, and	d due to the c	ause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	200		1111	294 LICENSE NUI	MBER 2	29d. DATE S	IGNED (Month, Day, Year)
30 NAME AND A ODRESS OF PERSON WI	OCCOMPLETED CAUSE OF OPATH	1 (ITEM 27) Type.	Drine)	DIJ	20	Splon	Mel 12, 1994
Huadsto P. Roo	dalaging Till	M ZIN INDO.	(2)	A 1. 1	Y1 15 5	1 21	11220
31. DATE FILEO (Month, Day, Year)	3. REGISTRAR'S SIGNATI	1500	9 504	min (1-90M	1-1/	0 10/48

OHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physicia	filled in by the funeral director, page 5 should be detached for use as the tunsta- ion, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be maximal by the hospital or announce above.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funeral be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF N					ALTH AN	D MENTA	REG. NO.		
	arace	Vail					MON	e of DEATH	-94	3. TIME OF DEATH 5: 40 P
4. SOCIAL SECURITY NUMBER 219-16-4463	5. SEX	6. AGE (In yrs. In 72	est birthday) YRS.	IF UNDER		IF UNDER 24 HR	(Mor	E OF BIRTH	6.	BIRTHPLACE (State or Foreign Country)
Se. FACILITY NAME (If not institution, giv	- 22	72		9b. CITY	, TOWN OR	LOCATION O		17, 19	9c. COUNTY	Maryland OF DEATH
Frederick Memor	ial Hospi	tal			Fre	ederic	k		Fre	ederick
Frederick Memor	NTY		10c. CIT	Y, TOWN	OR LOCATIO	ON				10d. INSIDE CITY
	ederick			Wal	kers	ville				LIMITS?
100. STREET AND NUMBER 261 Providence 11. MARITAL STATUS 1. Name Married 2 57 Married	0:1				101. 2	ZIP CODE	0.0			OF WHAT COUNTRY?
261 Providence	12. WAS DECEDEN			13.	WAS DECE	217	PANIC ORIG	IN? (Specify Yes		J.S.A. RACE — American Indian,
3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 2	(NO			ify Cuberi, Me		Rican, etc.)		Specify: White
15. DECEDENT'S El (Specify only highest gre		6	ECEDENT'S	work done	CCUPATION during most	of working	16	b. KIND OF BUSI	NESS/INDUST	TRY
Elementary/Secondary (0-12)	College (1-4 or 5 +) III	eachi	se retired.)				Edu	cation	
Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)				6	T	18. MOTHER'S	NAME (First,	Middle, Meiden S		1
w George Wil	liam :	SMITH	Ľ.			Lula	M	iller	BAI	LINGER
2 190. INFORMANT'S NAME (Type/Print) Alfred S. Vail								nber, City or Town,		
20a. METHOD OF DISPOSITION			ZOL P					_	_	MD 21793 or Town, State
1 Donation 5 Other (Specify)	moval from State	cemetery cu	rometony or o	ther olecal			1			g. Maryland
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22.	NAME AND	ADDRESS OF	FACILITY	P.A. F		
23. PART I. Enter the diseases, of		M		1	06 Ea	st Ch	urch S	St. Free	derick	MD 21701
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO c. SC. OUE TO	(OR AS A CONSE	EQUENCE O	F):	do	048	201	01	1400	74
PART II. Other significant conditions of the significant condition	ons contributing to	death but not	resulting	in the ur	nderlying	csuse given	in Part I.	24s. WAS AN A PERFORM 1 TYES 2	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	иоспіта.					CE OF DEATH	(Check only o	one)		
1 □ YES 2 □ NO	NOSPITAL:		-		sing Home	5 🗆 Residen				
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D	INJURY ay, Year)	28b. TIM	IE OF JURY M	28c. INJUI WORK	RY AT K? S 2 NO	28d. DE	SCRIBE HOW IN.	JURY OCCUR	ED
	28e. PLACE O building,	F INJURY — At h atc. (Specify)	ome, farm,	street, fact	ory, office		28f. LO	CATION (Street en or Town, State)	d Number or F	Rural Route Number,
	/SICIAN: To the best of NER: On the beste of s									
()										ruse(s) end menner ee stated.
29b. SIGNATURE AND TITLE OF CERTIF	IER C					29c. LICENSE			29d, DATE SI	GNEO (Month, Day, Year)
29b. SIGNATURE AND TITLE OF CERTIF	26	SE OF DEATH (ITI	ЕМ 27) (Туре	, Print)		0146	26		19/	GNEO (Month, Day, Year)
29b. SIGNATURE AND TITLE OF CERTIF	VHO COMPLETED CAUSE	BE OF DEATH (ITI	5	01	-	0146	26	C F	19/	GNEO (Month, Day, Year)



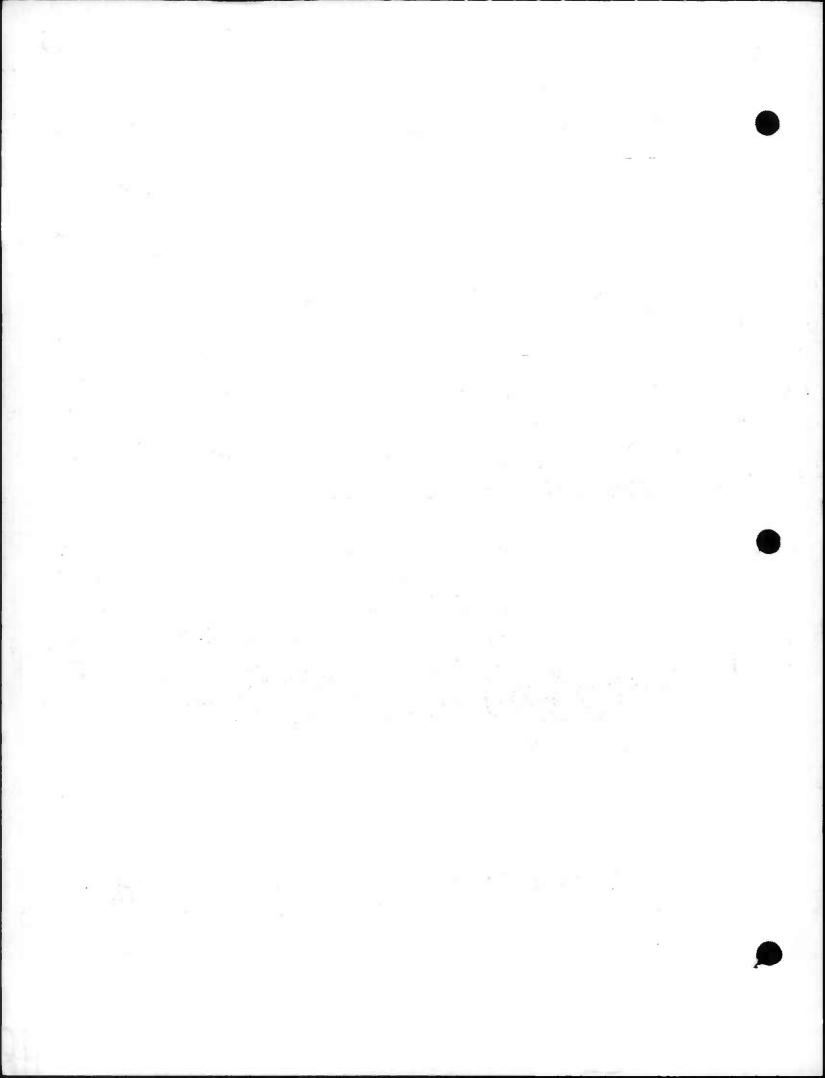
BALTIMORE, MARYLAND 21215-003	in 24 hours after death. Page 6 may be retained by the hospital or attending ph	lify filled in by the funeral director, page 5 should be detached for use as the buation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but be filled within 72 hours after death with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY	AND / DEPART	MENT OF	HEALTH AND	MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, L Thelma Louise					2. DATE OF DEATH Sept. 12,	"1994 "	3. TIME OF DEATH 0716 A M
	4. SOCIAL SECURITY NUMBER 069-20-1224	1 □ M 2 🂢 F	o8 YRS.	IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTN (Morth, Day, Year) 1-23-1926	N	BIRTNPLACE (State or Foreign Country) EW Jersey
TOR	9a. FACILITY NAME (If not institution, g Calvert Memori RESIDENCE OF DECEDENT	al Hospital			Frederi		9c. COUNTY Calve	
DIRECTOR	-	vert		TOWN OR LO	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	735 Barstow Ro				20610		U.S.	
E I	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Diverced	12. WAS DECEDENT EVER FORCES? 1 ☐ YES IF YES, GIVE WAR OR I	2 XNO	If yes,	ECENDENT OF NISPA specify Cuban, Maxico ES 2 NO Specific	NIC ORIGIN? (Specify Yea an, Puarto Rican, etc.) fy:		RACE — American Indian, Black, White, etc. Specify: Unite
COMPLETED	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of we life. Do NOT use HOUSEWIT	ork done during retired.)	TION most of working	166, KIND OF BUS	SINESS/INDUST	TRY
BE COM	17. FATNER'S NAME (First, Middle, Last, William Schwer					AME (First, Middle, Maiden Unknown	Surname)	
0	James Edmond V 20a. METNOD QF, DISPOSITION		P. O.	Box 5	, Barsto	Route Number, City or Town	d 2061	0
	1 Burlei 2 X Cremation 3 1 1 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	Removal from State	b. PLACE AND DATE OF majery, crematory or oth PCLYOPOLIC	22. NAME Rause	ematory 9 and address of Fa ch Funera	ACILITY	xandria 05 Bro	a, Virginia Omes Island Ro
CERTIFICATION	23. PART I. Enter the diseases, abook, or heeft failu immEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Infarc Due to (or as Due to (or as Due to (or as Due to (or as C. Radio	eech line.	nall	, bowel			Interval Between Onset and Death
MEDICAL	PART II. Other significent condi	a. Assem dissipations to death dissipations with the contributions to death dissipations and the contributions are contributions.	ease,			PERFOR	MEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 \(\subseteq \) NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	PLACE OF DEATN (C)			
BY PHY	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigati	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY	NJURY AT WORK? YES 2 NO	28d. DEŞCRIBE NOW II	NJURY OCCUR	ED
_	3 Suicide 8 Could not determine		Y — Al home, farm, str cify)	reet, factory, of	fica	28f. LOCATION (Street a City or Town, State)	and Number or I	Rural Route Number,
COMPLETED	onel	NYSICIAN: To the best of my know						suso(a) and manner as stated.
O BE C	29b. SIGNATURE AND TITLE OF CERT	Latin 3	owans		29c. LICENSE NU D 2718			GNED (Month, Day, Year) L. 13, 1994
	Zahir Yousaf,	M.D. 2417 Solo	omons Isla		, Huntin	gtown, Mary	yland :	20639
	31. OATE FILED (Month, Day, Year) SEP 1.6. 1994	32. REGISTRAR'S SIGN						

MATERIAL STREET, STREE

1 -	FOR STATE REGISTRAR	FRANCIS	E. VALDENAR	RYLAND / DEPARTMENT III CERTIFICATE	OF HEALTH AND OF DEATH	MENTAL	HYGIENE REG. NO.
1	DECEDENT'S NAM	E /First Middle Lac	1	· · · · · · · · · · · · · · · · · · ·		T	- 13 2 1 - 1

	1 - REGISTRAR FRANCIS E. VALDENAR	III CERTIFIC	ATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle Last) France E. Valdence			2. DATE OF DEATH DAY	3. TIME OF DEATH 22°30 DM
	579-48-4897 1XM2□F	60 YRS. MO	F UNDER 1 YEAR IF UNDER 24 HRS. DITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Year) APRIL 16,193	8. BIRTHPLACE (State or Foreign Country) MARYLAND
TOR	90. FACILITY NAME (If not institution, give street end number) MONTGOMERY GENERAL HOSPITA RESIDENCE OF DECEDENT		OLNEY		MONTGOMERY
DIRECTOR	MARYLAND 10b. COUNTY MONTGOMERY		TOWN OR LOCATION DY SPRING		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAÜ	704 OLNEY-SANDY SPRING ROA	VD	101. ZIP CODE 20860		I CITIZEN OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT E FORCES? 1.24 12. WAS DECEDENT E FORCES? 1.24 KURLAN	YES 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexican 1 YES 2 NO Specify.	, Puerto Ricen, etc.)	0- 14. RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of work life. Do NOT use re	k done during most of working etired.)	18b. KIND OF BUSINESS	
BE COM	17. FATHER'S NAME (First, Middle, Last) FRANCIS E. VALDENAR JE	2.	18. MOTHER'S NAM	AE (First, Middle, Meiden Surna	
TO B	190. INFORMANT'S NAME (Type/Print) GLORIA H. VALDENAR		DDRESS (Street and Number or Rural R	oute Number, City or Town, Stat	te, Zip Code)
	20e. METHOD OF DISPOSITION 1 □ Burlel 2 S Cremetion 3 □ Removal from State 4 □ Donetion 5 □ Other (Specify)	206. PLACE AND DATE OF COME TROPOLITIES	DISPOSITION (Name of AN CREMATORY		N — City or Town, State ANDRIA, VA.
	21. SIGNATURE OF PUNETAL SERVICE LICENSEE Bar	her	22. NAME AND ADDRESS OF FAC MURIEL H. BAR P.O. BOX 5038	BER FUNERAL	HOME 20882
CERTIFICATION	23. PART I. Enter tha diseases, or complications that complete the complete	AS A CONSEQUENCE OF:		ea cardiac or reapirator	y erreet, Approximate Interval Between Onset and Death
DICAL CERTIF	thet initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to de	escallasiz	3	PERFORMED	PSY 24b. WERE MODIFY FINDINGS MAILABLE PRIOR TO
	DID TOBACCO USE CONTRIBUTE	Failure, C	DEATH RES WO	Joseph 1	O OF DEATH?
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 (Neptient 2 Element 2 Ele	URY 28b. TIME O	Y WORK?		Y OCCURED
TED BY	Accident Investigation	JURY — At home, ferm, stree (Specify)	M 1 VES 2 ND	281. LOCATION (Street and Nu City or Town, State)	imber or Rural Route Number,
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the basic of exam				
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	DE DEATH (ITEM 27) (Sing Pri	D350	BER 294. ▶	DATE SIGNED (MOVIN, Day, War)
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE	Honey Day	E * 210 81	her gring ho
	SEP 1 6 1994 Julia Davidson	-Randell			



		FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RTMENT OF I	HEALTH AND	MENTAL HYGII				
		1. DECEDENT'S NAME (First, Middle, Last) WILLIAM E.	WESLEY				2. DATE OF DEATH MONTH SEPT.	DAY	YEAR	TIME OF DEAT	
67	Byro	198-30-4121	⊠M2□F	yrs. last birthday) 52 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 09-21-)		ACE (State or Fo	
(4)	CTOR	90. FACILITY NAME (If not institution, give stree 5710 EASTERN AV		-D6		MORE CI		9c. COUNT	Y OF DEAT	н	
i.	DiREC	10a. STATE 10b. COUNTY MD Baltin	more	10c. CIT	Y, TOWN OR LOCAL	imore				d. INSIDE CITY LIMITS?	
n. ansit permit.	FUNERAL	100. STREET AND NUMBER 2327 Millin Stree	et		10	1. ZIP CODE 21233		10g. CITIZE	USA	T COUNTRY?	
215-0020 attending physician. se as the burial-transit	B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yes, sp		NIC ORIGIN? (Specify en, Puarto Rican, atc.) fy:		4. RACE — Black, W Specify:	American India/hite, atc.	
2 2 2	PLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)		(Give kind of a life. Do NOT us	usual occupation work done during mose retired.)	ost of working	16b. KIND OF	BUSINESS/INDUS	STRY		
by the hospital be detached for	BE COMPL	17. FATHER'S NAME (First, Middle, Last) Arthur Lloyd We	esley		arice ive		AME (First, Middle, Maid	den Sumame) William	ns		
	TO B	19a. INFORMANT'S NAME (Type/Print) Igna M. Williams				and Number or Aural	Route Number, City or West Che	Town, Stete, Zip Co	ode)	19382	
ALTIMORE, Jeath. Page 6 may be funeral director, page		20a. METHOD OF DISPOSITION 1	from Stata Ceme	PLACE ANO DATE (tery. Cremetory or of Period A. Fei	of disposition (National Property of the Cartest of	o. Inc	9/24 W	est Che			
. 9 .	× 2/0	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	_	Mitch		r Funeral ace, MD				
ety filled in thation, or rer the media		23. PART I. Enter the diseases, or conshock, or heart failure. Lis immediate cause (Finel disease or condition resulting in desth)	t only one cause on esc Ha	Maine.	not enter ths mo	ode of dying, suc	ch as cerdisc or re	spiratory arres	it,	Approxims interval Be Onset and	etween
687 wecuted and con burial, tatic en	TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	0 0							
P.O. B ath certificat tending phy al Hygiene p	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF	F):						
E de the E	MEDICAL C	PART II. Other significent conditions c	contributing to death but	t not resulting	in the underlying	g cause given in	PERF	AN AUTOPSY FORMED?	CO	RE AUTOPSY FIN AILABLE PRIOR 1 MPLETION OF C DEATH?	TO
AL RECOF e law requires that has been signed b Dept, of Health ar 23 shows any	AN: ME	DID TOBACCO USE CONTRIB				UNCERTAI	N 🗆		1 [YES 2 N	10
는 를 을 등 등	PHYSICIAN:	EXAMINER? XXYES 2 NO	OSPITAL: Inpatient 2 ER/Outpat		TH (Check only one) OTHER: 4 Nursing Hom	ne 5 🗆 Residenca	XOther (Specify)	POLICE	ST/	ATION	
ION OF VI: NDING PHYSICIAN: The this certificate death with the St. Is marked, or It	ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY For (Manth, Day, Year) 9-18-94	28b. TIM Four 104	M 1 U	YES 2 NO	Subject	hange	1		
DIVISION DR ATTENDING DIRECTOR: After hours after death item 28 is mai	ETED.	3 Suicide 6 Could not be determined	26a. PLACE OF INJURY - building, atc. (Specify	' jail			Baltimp	10) 5710E	astem	Number,	
	COMPL	one) 2 MEDICAL EXAMINER: C	N: To the best of my knowled On the besia of axamination a							d manner as st	inted.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	1 Chute 11			O.C.M				onth. Day. Year)	1
		30. NAME AND ADDRESS OF PERSON WHO	11	1 Penn		t, Balt	imore,	Maryla	ind ?	21201	
		SEP 2 0 1994	32. REGISTRAR'S SIGNAT	Rarball							

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

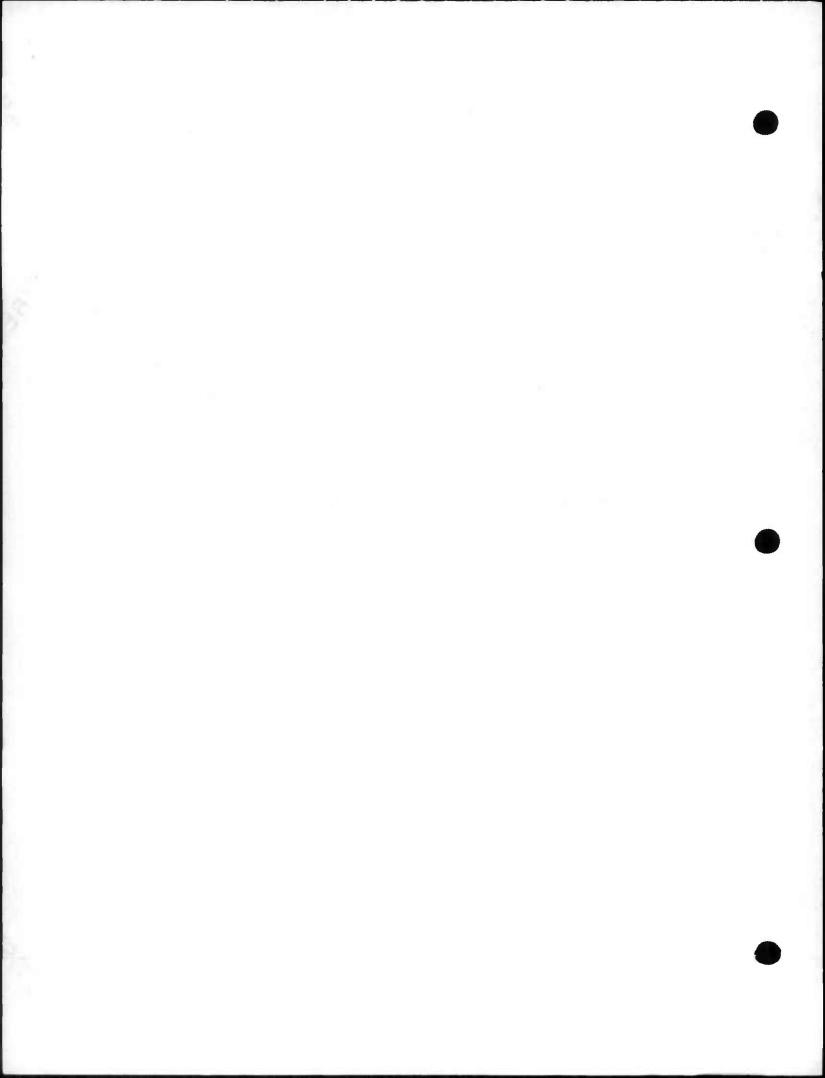
	1 - STATE REGISTRAR	OTTILE OF MINIE			F DEATH	REG. NO	-		
	1. DECEDENT'S NAME (First, Middle, Last)	Myrtle 01:				2. DATE OF CEATH			3. TIME OF OEATH
	MYRTLE		WHITE			MONTH I	DAY 5	YEAR YEAR	6 AM "
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday,	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	,		IPLACE (State or Foreign
	577-18-1592	1 🗆 M 2 📉 F	75 YRS.	MONTHS DA	rs HOURS MIN.	Feb. 4, 1	919	Diet	rict of Col.
	9e. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TO	VN OR LOCATION OF D			JNTY OF O	
DIRECTOR	Greater Laurel Hos		ter	Belts					Georgia
E I	10e. STATE 10b. COUNTY		10c. Ci	TY, TOWN OR LO	CATION				10d, INSIDE CITY
등	Maryland Prince	Georgia	Hv	attsvil	1 _e				LIMITS? 1 X YES 2 NO
	10e. STREET AND NUMBER		1 /		10f. ZIP CODE		10g. CI	FIZEN OF V	VHAT COUNTRY?
FUNERAL	6514 Truman Rd.				20783		USA	1	
В	11. MARITAL STATUS 1 Never Married 2 💢 Merried 3 Nidowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If you		ANIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	es or No—	14. RACE Black Speci	E — American Indian, k, White, etc. #/y: White
	15. DECEDENT'S EDUCA (Specify only highest grade or		16a. DECEDENT	S USUAL OCCUP	ATION .	16b. KIND OF BL	JSINESS/IN	DUSTRY	
E I	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	work done during ise retired.)	most of working				
린		2	Bank Te	eller		Bankin	g		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maider			
BE C	Cecil Charles Thom	pson			Marjori	e Myrtle M	arlow	7	
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Str		Route Number, City or Tox			
2	Judy Ann White		3798	Botler	Rd., Mt.	Airy, MD	2177	1	
	20a. METHOD OF DISPOSITION 1∑ Burlel 2 ☐ Cremetion 3 ☐ Remov		20b. PLACE AND DATE	OF DISPOSITION	I (Name of	90/11E7 20c. LI		- City or To	wn, Slate
	4 Donation 5 Other (Specify)	al from State	rinegrov	e Cemet	ery	1994 Mt.			
	21. SIGNATURE OF EUNERAL SERVICE LICE			22. NAM	E AND ADDRESS DF F	ACILITY Stauff	er Fi	nera	1 Home
	N. Kua. M	Bain		1621	Opossumt	own Pike,	Frede	rick	, MD 21702
	23. PART i. Enter the diseases, or co	molications that has	read the death. Do	- 1					
	shock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	st only one cause o	rticem	ia	mode of dying, au	on as cordiac or resp	on actory of	rest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE (DF):					
DICAL	PART II. Other eignificent conditione	contributing to deet	th but not resulting	in the under	ying ceuee given in	PERFO	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
ME	DID TOBACCO USE C	ONTRIBLITE TO	O CALISE O	E DEATH	YES TO NO	1 T YES	2 NO		OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL								
<u> </u>	EXAMINER?	HOSPITAL:		OTHER:	B. PLACE OF DEATH (C			_	
¥	27. MANNER OF DEATH	28e. DATE OF INJU		-	Home 5 Residence	1			
	1 Netural 5 Pending	(Month, Day, Ye		JURY	WORK?	28d. DESCRIBE HOW	INJUNY OC	COHED	
B	2 Accident Investigation	28e. PLACE OF INJ	URY — At home, ferm.		- 50	28f. LOCATION (Street	and Microbia	O1 (Secretar Alicenters
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify)	aneer, rectory,	Since	City or Town, State		er or murai r	toute Number,
2	29e. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my k	nowledge, death occur	red at the time,	date and place, and du	e to the cause(s) end ma	nner es ati	ited.	
5	one) 2 MEDICAL EXAMINER:) end menner es stated,
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NU				
O BE	Moder Re				D367		≥90. UA	9/14	(Month, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WHO ANDREW KUNDAAT				LAUNE	-, MO	207	07	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	GIGNATURE		-				
	SEP 1 9 1994	Jaliad	Awdles Roll	12					

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physics	ours after death. Page 6 may be retained by the hospital or attending physic
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely misd in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.	for in by the funeral director, page 5 should be detached for use as the burial, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALT		NTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, Lest)	V2411		WISE		DATE OF DEATH DA	1994 YEAR	3. TIME OF DEATH 11:00 A.
4. SOCIAL SECURITY NUMBER 220-40-2628 98. FACILITY NAME (If not institution, give st	1 M 2 □ F 5	1 YRS.	ONTHS DAYS HOUR	B MINI,	Month, Day, Year) April 27,	43 Mar	ÿland
7188 Prospec		9	Lewist		1	9c. COUNTY OF I	erick
10e. STATE Maryland 10b. COUNTY	10c. CITY, 1	10c. CITY, TOWN OR LOCATION Lewistown			10d. INSIDE CITY LIMITS? 1 YES 2 V NO		
10e. STREET AND NUMBER 7188 Prospect	Dr			101. ZIP CODE 2 1 7 0 1		10g. CITIZEN OF WHAT COUNTRY? United States	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	N U.S. ARMEO 2 NO 13. WAS DECEMDENT OF HISPANIC OF 11 yes, specify Cuben, Maxican, Pul 1 YES 2 NO Specify:			Yes or No. 14. RACE — American Indian,			
15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	COTION completed) College (1-4 or 5+)	(Give kind of work done during most of working life. Do NOT use retired.)				BUSINESS/INDUSTRY ce Machines	
17. FATHER'S NAME (First, Middle, Lest) FRANKL	IN BRATT	WISE	M	ILDRED	(First, Middle, Maiden P. PHIL	LIPS	
190. INFORMANT'S NAME (Type/Print) MILIDRED P. WISE			Chatham R				20815
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rame 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State	PLACE AND DATE OF INTERPRETARY OF OTHER ROOKHILL	CHURCH CEM	RESS OF FACILI	9-20 Fre	r Funera	aryland
Sequentistly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	ach lina.		- J			Approximate Intarval Betwee Onset and Daa
CAUSE (Disease or Injury that Initiated events resulting in desth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
PART II. Other significant condition	a contributing to death b	ut not reaulting in	tha undarlying caus	e given in Pa	24a. WAS AN PERFOR	MED?	D. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	DEATH (Check	, , ,		
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Outs 26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (WORK?	26 NO	Bd. DESCRIBE HOW I		
3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Spec	— At nome, ferm, stre	et, factory, offica	26	St. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
	CIAN: To the best of my know R: On the basis of examination						a) and manner as stated.
29b. SIGNATURE AND TITLE OF CENTIFIES	Zh		7-	CENSE NUMBE		29d. DATE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO							
31. DATE FILED (Month, Day, Year) SEP 2 1 1994	22 DECISTRABIS SICH		50, 1160	.cr ick,			

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Flour affirm death. Page 6 may be installed by the hospital or attending physician.	ours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the traveral deector, page 5 should be detected for use as the bonfat-traveral be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove.	d in by the tuneral director, page 5 should be detached for use as the burial-transfor removal.
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

							UEA						
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
	Charlotte Ann	Wallac	ce						Aug		1994	YEAR	8:00 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		OF BIRTH	994	8. BIRTHI	PLACE (State or Foreign
	579-26-0457	1 □ M 2 🛱 F	67	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)		Country)
	9e. FACILITY NAME (If not institution, give a	Smith and assubant	07		01 01701	-		ON OF DE		14,1		TY OF DE	rginia
~									AIH				Anne's
DIRECTOR	1739 Harbor I	rive			Chester						Qu	een	Anne s
ည 	10e. STATE 10b. COUNTY	,		I too CIT	Y, TOWN D	OR LOCAT	NON!						10d. INSIDE CITY
	A STATE OF THE STA				lver			~					LIMITS?
	Maryland Mont	gomery		51.	rver								YES 2 ND
\$	The state of the s					101	ZIP COD						HAT COUNTRY?
FUNERAL	14304 Shoreham	Drive					209	05			U.	S.A	•
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR							7 (Specify Yes	or No-	14. RACE	- American Indian, White, etc.
2	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V						Specify.		ncan, etc.;		Specif	
	3 Widowed 4 Divorced												White
d I	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON st of working	207	16b.	KIND OF BUS	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+) life.	ive kind of a Do NOT us	se retired.)	during mo	ot or world	9		Bank			
<u> </u>	12		Mor	tgag	ge L	oan	Of:	fice	r	Dallk			
5	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAM	WE (First, A	fiddle, Meiden	Sumame)		2-1-6
	Rozier Luncefo	rd						Ki	tti.	e 0'E	Ranno	n	
2	19e. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS	S (Street o	nd Number	_		er, City or Tow			00005
2	George F. Wall												20905
	20a. METHOD OF DISPOSITION	ace						ı Dr			CATION -		q, Md.
	1 ☐ Buriel 2 🂢 Cremetion 3 ☐ Rem	oval from State	20b. PLACE / cemetery, cre					a 2	1 O				
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		Metr	o Cr	cema	tor	y Au	9.21	113	94 _{Ba}	ltim	ore	. Md
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	10		22. T	NAME AF	TO ADDRE	ss of FAC	oin	Funo	ral	Home	
	Tom Helfenbein Funeral 106 Shamrock Rd., Chest								hast	110111	MA 2161		
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.												
N	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF):												
TICK!	cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO	that initiated events resulting in death) LAST d										
CERTIFICATIO	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	(DR AS A CONSEC										
EDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	d				nderlying	g ceuse (given in i	Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	183	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
FUICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d				nderlyin	g couse :	given in i	Part I.	PERFOR	RMED?	183	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
FOICH	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL	d to			in the un	26. PL		given in i	_	PERFOR	RMED?	183	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
EDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition	da contributing to		resulting	In the un	26. PL	ACE OF D		ock only on	PERFOR	RMED?	183	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
EDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	death but not r	DOA 28b. TIM	OTHER	26. PL R: sing Hom 28c. INJ	ACE OF D	EATH (Che	eck only on	PERFOR	RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
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ED BY PHISICIAN: MEDICAL	CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Noter 1 Pending	HOSPITAL: 1 Inpution 2 28e. DATE DF (Month, L) 28e. PLACE C	death but not r	DOA 28b. TIM	OTHEF 4 Num	26. PL R: rsing Hom 28c. INJ WO 1	ACE OF D O 5 Rev URV AT PRK? YES 2	EATH (Che	6 Other	PERFOR	NJURY OCC	CUREO	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
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IO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 28e. DATE Dr (Month, L 28e. PLACE C building,	ER/Outpatient 3 EINJURY — At ho etc. (Specify) I'my knowledge, de examination end/or (DOA 28b. TIM INJ	OTHEF 4 Number of Number of Function of Street, fact	26. Pt R: rsing Hom 28c. INJ W0 1 1 vo	ACE OF D S R URY AT PIK? YES 2 [end place eath occur 29c. LICI	EATH (Che	zck only on 6 Others 28d. DES 28f. LOC. City of to the cautime, date	PERFOR 1 YES 2 (Specify) CRIBE HOW I ATION (Street or Town, State)	NJURY OCC	or Rural Ri	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number,
DE COMPLETED DI PRISIDIALE MEDICAL	CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH 1 Hetural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER Check only One) 2 MEDICAL EXAMINE	HOSPITAL: 1 Inpatient 2 28e. DATE (Month, L 28e. PLACE of building, CIAN: To the best of call of the basic of	ER/Outpatient 3 FINJURY — At ho etc. (Specify) Timy knowledge, de examination end/or (DOA 28b. TIM 18N 28b. Tim 28b. Tim 28b. Tim 28b. Tim 28b. Tim 27b. Tim 27b. Tim 27c. (Type	OTHEF 4 Number of Number of Function of Street, fact	26. PL R: sing Hom 28c. INJ W0 1	ACE OF D S R URY AT PIK? YES 2 [end place eath occur 29c. LICI	EATH (Che	zck only on 6 Others 28d. DES 28f. LOC. City of to the cautime, date	PERFOR 1 YES 2 (Specify) CRIBE HOW I ATION (Street or Town, State)	NJURY OCC	or Rural Ri	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Note Number, and menner se stated.



(7	700000	and and	
BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the bun'al-transit permit in, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Prose be filed within 72 hours after death with the State Cept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

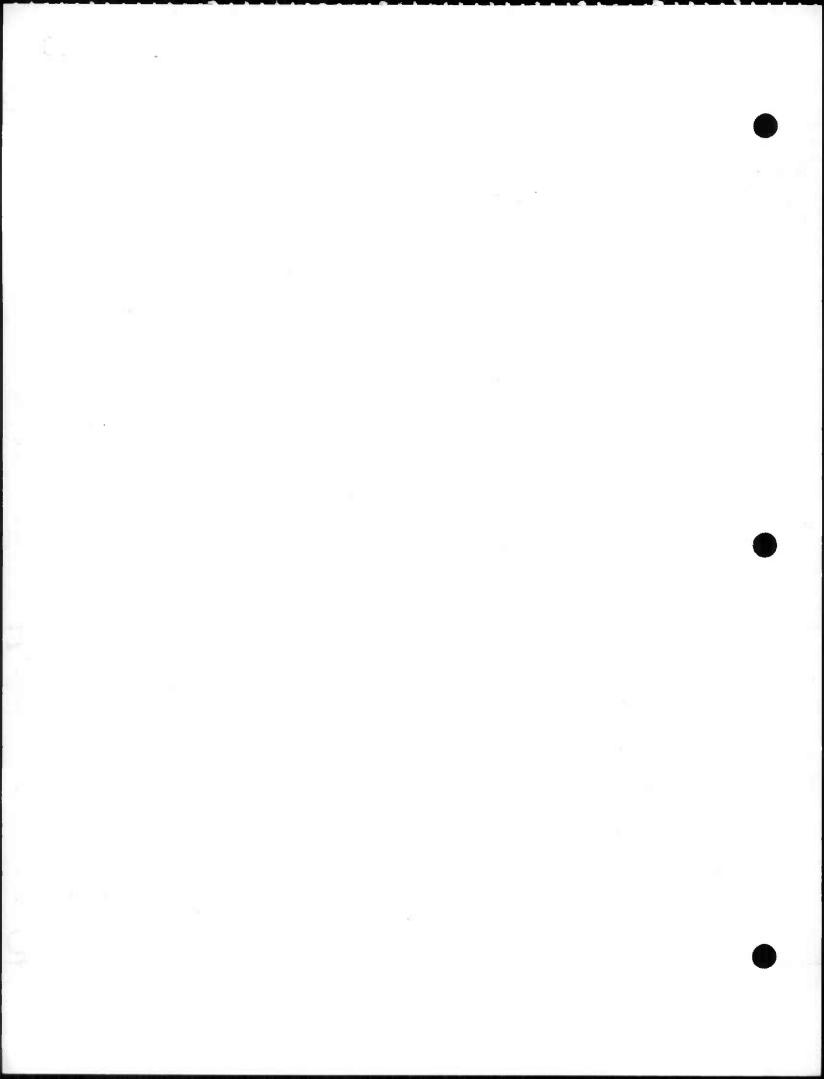
FOR

STATE OF MADVIAND / DEPARTMENT OF HEALTH AND MENTAL HIVOIDER

			CE	RTIF	ICATE C		TH	MEN IA	REG. NO.	_		
1. DECEDENT'S NAME (First	t, Middle, Last)					,				1994		3. TIME OF DEATH
Joseph	John	Werr	·es					MONTI	ember	11	YEAR	1:05 P.M
4. SOCIAL SECURITY NUM		. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YE	AR IF UNDE	R 24 HRS.				8. BIRTHPI	LACE (State or Foreign
577-36-0509	1	▼ M 2 □ F	4.65	YRS.	MONTHS DA		MIN.	(Montl	, 22, 100.7	1912	Country)	
9e. FACILITY NAME (If not in			82		Sh CITY TO	MN OR LOCAT	ON OF DE		h 12,		Washi	ington D.C.
Brooke Grov	ve Nursi					ney	ION OF D	EAIN			tgome	
RESIDENCE OF DEC	10b. COUNTY			I son CIT	Y, TOWN OR LO							
												IOd. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER	Montgo	mery		51	lver S		_					YES 2 NO
15107 Inter		Dwizzo	An+ 510	1		101. ZIP COD						IAT COUNTRY?
11. MARITAL STATUS			TEVER IN U.S. ARI		13 WAS	2090		ure opicia	? (Specify Yee		U.S.A	American Indian.
1 Never Merried 2\(\) 3 Widowed 4 Divo	Merried		YES 2 XN		II yes	yes 2 No	on, Mexice Specify	n, Puerto i	(Specify ree	or No-	Specify: Whit	White, atc.
	CEDENT'S EDUCAT		18a. DE6	CEDENT'S	USUAL OCCUP	PATION most of worki	ng	18b.	KIND OF BUS	SINESS/IND	USTRY	
Elamentery/Secondery (I		College (1-4 or 5 +	lile	Do NOT us	e retired.)	y most or mo	ny					
12			Prin	ting	Consu	1tant		U	.S. Na	ıvy		
17. FATHER'S NAME (First, M	fiddle, Last)						HER'S NA		Aiddle, Meiden			
John	Wer	res					Clara			Ritte		
19e. INFORMANT'S NAME (ADDRESS (Str					State, Zip	Code)	rino
Margaret M.					Inter1		Driv		4	M	ăryIā	ring 20906
20e. METHOD OF DISPOSIT 1 Burlel 2 □ Cremetic 4 □ Donation 5 □ Other	on 3 🗆 Remova	I from State	cemetery crer	matory or o	of DISPOSITION		0	DATE		CATION -	City or Town	n, State
21. SIGNATURE OF FUNERA		SEE ~	- Gare o	i He	aven U	emete:	CY 9/	16/9	4 [S11v	rer S	pring	Maryland
Francis J. Collins Funeral Home, Inc. 500 University Blvd., W. Sil. Spr., MD 20901												
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										Approximate		
ahock, or heart fallure. List only one cause on each line.										Interval Between Onset and Death		
,		DUE TO	(OR AS A CONSEO	UENCE OF	7):		_					
Sequentially list condit	b.											
	lons =											
or any, leading to immediate consequence of:												
cause. Enter UNDERLY CAUSE (Disease or Inju	diata ING											
cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated evanta	iNG ury c		(OR AS A CONSEO									
cause. Enter UNDERLY CAUSE (Disease or Inju	iNG ury c											
cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated evanta	diata ING ury c	DUE TO	(OR AS A CONSEO	UENCE OF	7):	ying cause	given in	Part 1.	24a. WAS AN	AUTOPSY	24b. W	VERE AUTOPSY FINDINGS
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cause. Enter UNDERLY CAUSE (Disease or Injuthat Initiated evanta resulting in death) LAS PART II. Other significa	ent conditions of	DUE TO	(OR AS A CONSEO	DUENCE OF	7):	ying cause	given in	Part 1.		MED?	O O	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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cause. Enter UNDERLY CAUSE (Disease or Injuthet Initiated evanta resulting in death) LAS PART II. Other signification of the control of the c	ant conditions of the CISE CONTRIB	DUE TO	death but not re	TH YE	in the underl	□ UN(given in		PERFOR	MED?	O O	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE. Enter UNDERLY CAUSE (Disease or Injuthat Initiated evanta resulting in death) LAS PART II. Other aignification of the control of the c	ant conditions constitutions of the Control of the	DUE TO CA	death but not re Colon C USE OF DEAT	Reulting I	S NO	UN(CERTAIN	— N □	PERFOR	MED?	O O	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

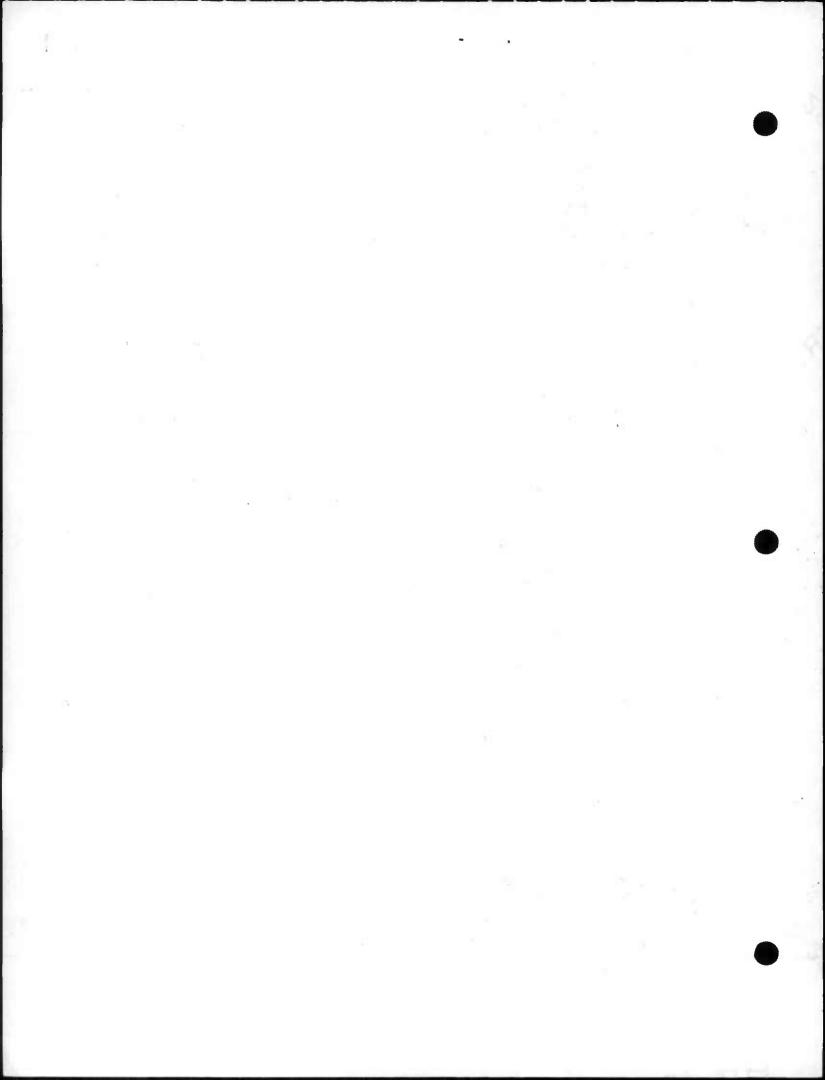
DHMH-16 Rev 1/89



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AL RECORDS, P.O. BO	OF VITAL RECORDS, P.O. BO PHYSICIAN: The law requires that the death certificate b	VISION OF VITAL RECORDS, P.O. BO ATTENDING PHYSICIAN: The law requires that the death certificate by	DIVISION OF VITAL RECORDS, P.O. BO
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FOR STATE REGISTRAR

	REGISTRAR		CERTII	FICATE (F DEATH	A	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D			3. TIME OF DEATN	
	MICHAEL WASHINGTON	1	(MI A.)			August	28, 19	94	6:45P M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday,	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF B	IRTN	8, BIRTI	HPLACE (Stata or Foreign	
	577-66-0091	1X M 2 🗆 F	45 YRS.	MONTHS DA	rs HOURS MIN.	(Month, Day Apr.	15, 194	Count	D. C.	
	9a. FACILITY NAME (If not institution, give stre	et and number)	_ 45	9b. CITY, TO	VN OR LOCATION OF D			UNTY OF D		
Œ	VA MEDICAL CENTRED	1				- CAITT			ZAIN	
5	VA MEDICAL CENTER	·		PE PE	RRY POINT		CECIL			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CI	TY, TOWN OR L	CATION		10d. INSIDE CITY			
吉	D. C.			Washin	aton		LIMITS?			
	10s. STREET AND NUMBER			11000011111	101. ZIP CODE		10a. CI	TIZEN OF	WHAT COUNTRY?	
3	3530 New Hampshir	e Avenue	N W		200	10	Th	nited	States	
FUNERAL		12. WAS DECEDENT EVE		13 WAS	DECENDENT OF NISPA					
	1 Never Married 2 Married	FORCES? TY Y	ES 2 NO	If you	, specify Cuban, Maxic	an, Puerlo Ricen		Blac	E — American Indian, k, White, stc.	
B	3 Wildowed 4 1 Divorced	Vietnar		טי ן	YES 2 X NO Speci	īy:		Spec	Black	
	15. DECEDENT'S EDUCA	TION	16a. DECEDENT	S USUAL OCCU	ATION	16b. KIN	D OF BUSINESS/IN	DUSTRY	DIACK	
E	(Specify only highest grade of Elementary/Secondary (0-12)	ompleted) College (1-4 or 5+)	(Give kind of	work done during use retired.)	most of working	l E	ederal	Gove	rnment/	
4	12th	comings (1-4 of 5+7)	C	ook			Private			
COMPLETED	17. FATNER'S NAME (First, Middle, Last)			3011	18. MOTHER'S N.		e, Maiden Surname)		BOLY	
	Paul M. Washingt	on Sr				s Busey				
B	19a, INFORMANT'S NAME (Type/Print)	OII, DI.	19b. MAIL IN	G ADDRESS (Sh	eet and Number or Rural			Fin Code)		
2	Paul M. Washingt	on Tr			ce, S. E.				20	
	20s. METHOD OF DISPOSITION	0117 011	20b. PLACE AND DATE				20c. LOCATION -			
	1 XBurial 2 Cremation 3 Remov	at from State	cemetery, crematory or	other place)		0/2		•		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	Harmony	Memori 22. NAM	al Park	MCILITY	Lando	ver,	Md.	
	R. N. HORTON CO. MORTICIAN, INC.								IC.	
				60	0 Kennedy	Street	. N. W.	•		
7	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdiac or respiratory arrest, shock, or heart fediure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Arteriosclerotic Cardiovascular Disease									
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST B. Arteriosclerotic Cardiovascular Disease Due to (or as a consequence of): Renal Failure OUE TO (or as a consequence of): d.									
ايـ	PART II. Other significent conditione	contributing to deal	th but not recuiting	in the under	ying ceuse given in	Part i. 24a	. WAS AN AUTOPS	7 24b	. WERE AUTOPSY FINDINGS	
DICAL							PERFORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE	
						_ '	YES 2X NO		OF DEATH?	
2								- 1	1 TYES 2 NO	
A I	25. WAS CASE REFERRED TO MEDICAL				B. PLACE OF DEATH (C					
ᅙ	EXAMINER?	HOSPITAL:	/25273 o _ 1.4	OTHER:						
PHYSICIAN: ME	1 YES 2 NO 1	28s. DATE OF INJU			Nome 5 Residence			201155		
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	er) th	JURY M 1	INJURY AT WORK?	28d. DESCHIE	BE HOW INJURY O	CCUREO		
	3 Suicide 8 Could not be 4 Homtoide determined	28s. PLACE OF tNJ building, stc. (URY — At home, term (Specify)	atreet, factory,	offica	28f. LOCATION	N (Street and Numb wn, State)	er or Rural i	Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI. 2 MEDICAL EXAMINER:	AN: To the best of my k							a) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	lore	My	2 ·	29c, LICENSE NU D21779	MBER		TE SIGNE -1-94	(Month, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	e, Print)	DELTIS)	± 5-		
	Vijav K. Nellore,	M.D. VAM	C, Perry	Point	MID 21002					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE CANDEL	OTITE!	.11 21302		_			
	SEP 1 3 1994	Julia Dav	idson-handel	~						



IMPORTANT: if item 28 Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	1. DECEDENT
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ŀ	9a. FACILITY
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	10a. STATE
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TO BE COMPLETED BY FUNERAL DIRECTOR

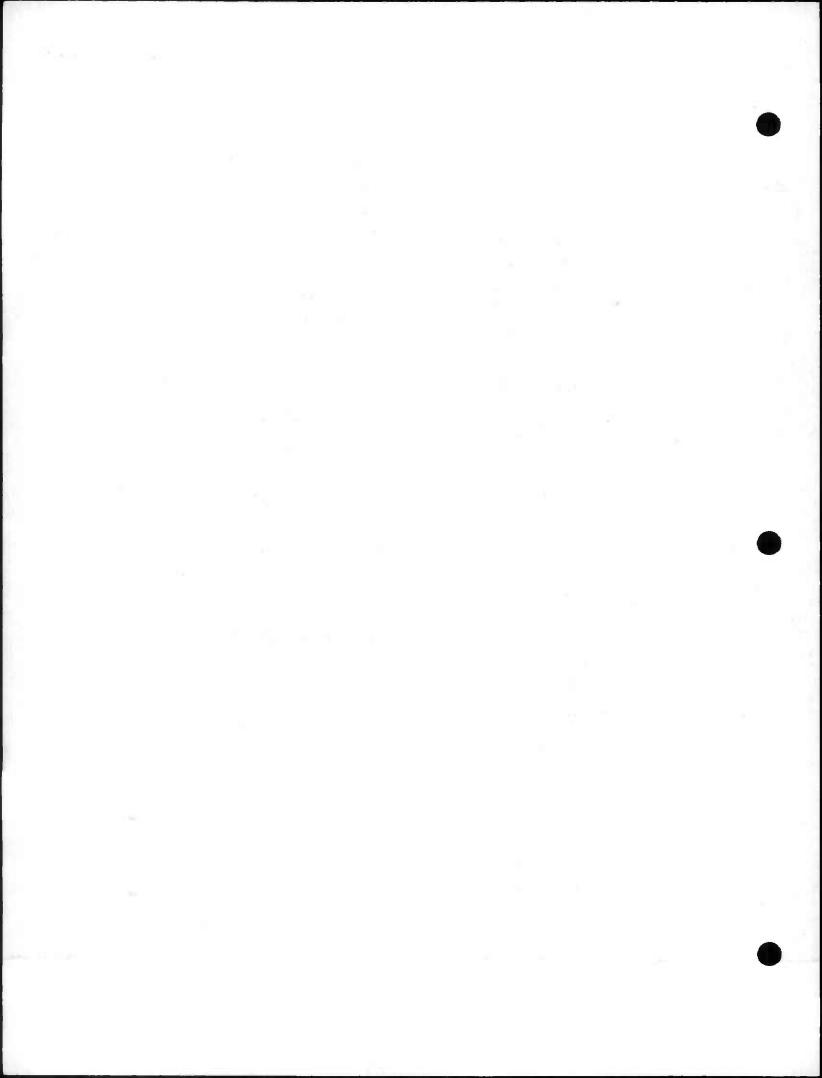
STATE OF MARY	YLAND / DEPARTI	MENT OF HEALT	H AND	MENTAL	HYGIEN
	CERTIFIC	ATE OF DE	ATH		REG. NO.

1 - STATE REGISTRAR		SIAIL UF I	C		ICATE				MENIA	REG. NO.	Ŀ		
1. DECEDENT'S NAME (First,	Middle, Last)								2. DAT	E OF OEATH		YEAR	3. TIME OF OEATH
CONSTAN			WILLIAM	AS, J	R.				SE			1994	12:10 a м
4. SOCIAL SECURITY NUMBI		5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1 Y	_	IF UNDER	24 HRS.		E OF BIRTH		8. BIRTH Countr	IPLACE (State or Foreign
371-26-352		1X M 2 - F	66	YRS.	months b	MY3	noons	WILLY.		E 9, 19	928	s.	
9a. FACILITY NAME (# not ins	stitution, give stre	et and number)			9b. CITY, TO	OWN OR	LOCATI	ON OF DI	EATH		9c. COU	NTY OF D	EATH
3310 HARR		REET			W	HEA	NOT				M(ONTGO	MERY
RESIDENCE OF DEC	10b. COUNTY			10c. CIT	Y, TOWN OR I	LOCATIO)N						10d. INSIDE CITY
1/0	MONTH	201/0011										- 1	LIMITS?
MD. 10e. STREET AND NUMBER	MOWIT	SOMERY			WHEAT	_	ZIP COOL	E			10e. CIT	IZEN OF W	VHAT COUNTRY?
3310 HARR	דוו. כיייו	ਹਵਾਵਾਧ					20	906					STATES
11. MARITAL STATUS		12. WAS DECEDEN			13. WAS	S OECEI	NDENT C	F HISPAI	NIC ORIG	IN? (Specify Yea		14. RACE	— American Indian.
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3 Widowed 4 Divor				_									BLACK
(Specify only	DENT'S EDUCA highest grade o			Give kind of te. Do NOT u	Work done duri	UPATION ing most	of workin	ng	16	b. KIND OF BUS	INESS/IN	DUSTRY	
Elamentary/Secondary (0-	12)	College (1-4 or 5	+) "			TA				STATE (אר פור	א דערו א	ANTO
7th	ddle Leet)			CU	STODIA		40 14071	15010 ALA	_			AKILP.	עואו
CONSTANCE		TP PM								McGREI			
19a. INFORMANT'S NAME (Ty		71D, DIV.		9b. MAILING	ADDRESS (S	Street and				nber, City or Town		n Code)	
JOSEPHINE		AMS								N, MD.			
20a, METHOD OF DISPOSITIO	ON .			EANDDATE	OF DISPOSITIO	ON (Nam	e of		1			City or To	wn, State
4 Donation 5 Other		al from State	GEOF	RGE W	ASHING	TON	CEN	1.	991	64 ADI	ELPH	I, MI).
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY R. N. HORTON CO. MORTICIANS, INC.													
	, ,	Idorlo	-		60	0 K	ENNE	EDY S	STRE	ET. N.	₩.		ic.
23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory errest, ehock, or heart failure. List only one cause on each line.													
IMMEDIATE CAUSE (Final													
disease or condition	→ a.	Meta	static		mail	ل (لعا	L	du	ng Co	Ma	200	6 months
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Sequentielly list condition	ona, b.	DUE TO	(OR AS A CONS	EOHENCE O	D.								
if any, leeding to immed cause. Enter UNDERLYIN		502 10	(OII AS A CONS	EOOENCE O	r).								
CAUSE (Disease or Injur thet initieted evente	у 🕻 с	DUE TO	(OR AS A CONS	EOUENCE O	F):								
reaulting in death) LAST													! !
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EXAMINER?		HOSPITAL:	0.00		OTHER:								
27. MANNER OF DEATH		28s. DATE OF		28b, TIM	4 Nuraing	g Home	_	sidence	_	er (Specify) SCRIBE HOW IN	LIUBY OC	CURED	
1 Netural 5 🗆 P		(Month, D			JURY	WOR		∃ NO	204. 52	.goriibe (toll iii		COTILD	
2 Cutates	ould not be	28a. PLACE O	F INJURY — At I	ome, term,				7.70	28f. LO	CATION (Street a	nd Numbe	or Rumi A	loute Number,
	etarmined	building,	atc. (Specify)						City	or Town, State)			
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emel .) and manner as stated.
29b. SIGNATURE AND TITLE								NSE NUN					(Month, Day, Year)
Uh	2/10	m	Mp				D.	33	221		> (09, 1994.
30. NAME AND ADORESS OF												-1-10	,
50 West Edr						ld.	2085	52	R	AM TREH	AN,	M.D.	
31. DATE FILED (Month, Day, M	3"1994	32. FEGISTRA	AVI door	andelle									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach at the funeral director, page 5 should be detach at the funeral page 5 should be detach at the funeral director and the funeral dir	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1. DECEDENT'S NAME (First		F 1	C	ERTIF	ICAT	E OF	DEA	ГН	2. DATE OF MONTH	DA		YEAR	3. TIME OF OEATH
Ы.	4. SOCIAL SECURITY NUMBER	1 2	5. SEX	8. AGE (In yrs. la:	- h / at - d - h						1-17	- 90		11: 52 HH
	216-14-	9133	1 🗆 M 2 🎉 F	6. AGE (III yrs. Ia:	yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. WONTHS DAYS HOURS MIN.				7. DATE OF (Month, D	17 19	22	Mar Mar	PLACE (State or Foreign yland	
_	9e. FACILITY NAME (If not in					9b. CIT	Y, TOWN C			EATH			TY OF D	
DIRECTOR	Dorchest		eral Hos	pital	Cambridge					Dorch			rche	ster
RE	10a. STATE	10b. COUNTY			10c. CI	.,	OR LOCAT							10d. INSIDE CITY LIMITS?
1 1	Maryland		chester			E. P	lew M	larke	et					1 TYES 2 NO
FUNERAL	100. STREET AND NUMBER 5928 H		e Rd.				101	. ZIP COD	€ 2163	31		-	.S.A	WHAT COUNTRY?
N N	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. A	BMED	13.	WAS DEC	ENOENT (NIC ORIGIN? (Specify Yea			- American Indian,
B	1 Never Married 2 3 Divo		FORCES? 1	YES 2	NO			ecify Cube	n, Mexica	in, Puerto Rica			Black	white, etc.
9	15. DEC (Specify onl	EDENT'S EDU y highest grade	CATION completed)	(6	CEDENT'S	work done	during mo	ON st of worki	na	16b. KI	ND OF BUS	INESS/IND	USTRY	
COMPLET	Elementary/Secondary (0		College (1-4 or 5	+)	ıtiqu	se retired.)	_				self	emp1	oyed	
	17. FATHER'S NAME (First, M	, . ,	Pritchet					18. MOT		ME (First, Mide				
H	19a. INFORMANT'S NAME (1		TITCHEC											
일	Shelda T.		gh							Route Number, New				31
	20s METHOD OF OISPOSIT 1) Buriel 2 Cremetic 4 Donation 5 Other	ION on 3 \square Rem		20b. PLACE Demetery, cre	AND DATE	OF DISPO	SITION (Na	me of		OATE	20c. LO	CATION —	City or To	
	21. SIGNATURE OF FUNERA		CENSEE	DOLCIE	ester									
	> of en	uth	R Ipon	ma gr						The Cam				
	23. PART I. Entar the d ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	aart fallura.	complications the	it caused tha deuse on anch line		not anta	r tha mo	da of dy	ing, suc	h as cardia	c or respl	ratory arr	est,	Approximate Interval Between Onset and Daath
NC	Sequentially list conditions. DUE TO IGN AS A CONSEQUENCE OF): ATTERUS SCIEROTIC CURUNCY ANTON DISECUE DOVINGE													
AŢ	If any, leading to imme cause. Enter UNDERLY	diata	OUE TO	(OR AS A CONSE	OUENCE C	F):	11:7	4.0	/		/			40 00
임	CAUSE (Disease or inju		DUE TO	(OR AS A CONSE	ンJ OUENCE C	//10/ h:	///	47						1 Cype
ERTIFICATION	resulting in death) LAS	т	d.											/
5	PART II Other elapition	nt condition	a contribution to	doubt but not		I= 45 · · ·	_4_4_			s I .				
&	PART II. Other algnifica		Sign	daath but not	raauiting	in the u	naariying	cause	givan in	Part I. 24	PERFOR		246.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA	Pavio	1 1	Type							— ¹	YES 2	NO		OF OEATH?
	DID TORACC	191	-	r to cal	ICE O	E DE	711 \	VEC F	7 14				1	1 TYES 2 NO
AN	DID TOBACC 25. WAS CASE REFERRED T		CONTRIBUT	E IO CAU	JSE U	r DEA			PEATH (Ch	eck only one)				
SICIAN:	EXAMINER? 1 ☐ YES 2 Ø NO		HOSPITAL:	ER/Outpatient	DOA	OTHE	R:			6 Other (S	Specify)			
РНУ	27. MANNER OF DEATH		28a. OATE OF	INJURY	28b. TIR		28c. INJ	\sim		28d. DESCR		NJURY OCC	URED	
ВУБ		Pending Investigation	(MONIN, E	y, rour)		M		rES 2	□ NO					
a	2 Culates -	Could not be determined	28s. PLACE C building	OF INJURY — At he artc. (Specify)	oma, ferm,	street, tac	ctory, office				ON (Street a Town, State)	ind Number	or Rural R	Route Number,
COMPLET			ICIAN: To the best of) and manner as stated.
8						O11, 111 111y	opinion, u				u piaca, an			
TO BE	296. SIGNATURE AND TITLE	may	M.Ha	Vis 1	MY.)		Z9c. LIC	ense nui - 43	907		≥ 9		(Month, Day, Year) - 94
F	Rosemary M.	1/					t. Ca	ambri	ldge	. Marv	land	216	13	
	31. DATE FILED (Month, Day,	Year)	32. REGISTR	R'S SIGNATURE			-, 00			, y		210	, ,	
	SEP1	9 1994	Julia di	welfor Ra	blath									



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	MADELINE	T.	MOVE AND CO			SEPT 1	7 /995	4 40 4 4 4			
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	2 ///	TTHPLACE (State or Foreign			
	212 12 1002	1 🗌 M 2 🕱 F	79 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cou	untry)			
	213-12-1902 90. FACILITY NAME (If not institution, give s	Input and number		Oh CITY TOWN	DR LOCATION OF DE	10 16 1	914 Ma	ryland			
œ											
6	Shady Grove Adventist Hospital Rockville Montgomery										
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										
H	Md. Montg	omery	Da	arnesto	wn			10d. INSIDE CITY LIMITS? 1 YES 2 Y NO			
1	10e. STREET AND NUMBER			100	ZIP CODE		I 100 CITIZEN O	F WHAT COUNTRY?			
E A	14511 Seneca Ro	ad			208	374	U.S.				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	THEO WILL ADDRESS	10 1110 22							
	1 Never Merried 2 Merried	FORCES? 1	YES 2 NO	If yes, sp	ecify Cuben, Maxica	IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	Bi	ACE — American Indian, lack, White, etc.			
₩ B	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR	R OR DATES	1 TYES	2 NO Specify	<i>r</i> :	Sp	oecHy: white			
1 1	15. DECEDENT'S EDUC	CATION	16a DECEDENT'S	USUAL OCCUPATION	2N	T 16h KIND OF BUIL	I SINESS/INDUSTRY	,			
	(Specify only highest grade	completed)		work done during mo		180. KIND OF BOS	SINESS/INDUSTRI				
"	Elementary/Secondary (0-12)	College (1-4 or 5+)		Housewi	fe						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)										
	Josepa Roberts				Carri	ME(First, Middle, Maiden e Peters	Surname)				
H											
임	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow					
	Frances Mills		1553					Md.20874			
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rame	oval from State	20b. PLACE AND DATE cemetery, crematory or of	OF DISPOSITION (No	ame of		CATION - City or				
	4 Donation 5 Other (Specify)		Monoca	асу		19/20 Be	allsvi	lle, Md.			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			ND ADDRESS OF FA						
	1111111111	Hilton Funeral Home Barnesville, Md. 20838									
\vdash	23. PART i. Enter the diseases, or o	complications that	raised the death. Do	Bar	nesvill	e, Ma. 2	0838	1 American			
	shock, or heart fallura.	List only one cause	on aach lina.	not enter tha me	de or dying, such	is as cardiac or raspi	natory arrest,	Approximate interval Between			
	iMMEDIATE CAUSE (Final disease or condition	0.00	AADIA.	100				Onset and Death			
	resulting in death) a. 1005 //1007 printers										
		O DUE TO (O	R AS A CONSEQUENCE O	F): 600 P	1			C 4.			
No I	Sequantially list conditions,		R AS A CONSEQUENCE O		0103			3 M1~			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING				T 1	o -		20005			
[일	CAUSE (Disease or Injury	c. DUE TO (O	P ISCHP	IVITE IC	9W1 12	eg		20017			
	that initiated events resulting in death) LAST	502 10 (0	N AS A CONSEQUENCE C	n-):	•	1					
買	Section 10 contract to the con	d									
	PART il. Other significant condition	a contributing to d	aath but not rasulting	in the underlyin	g cause given in			24b. WERE AUTOPSY FINDINGS			
DICAL						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
						1 🗆 YES 2	2 DI NO	OF DEATH?			
Σ	DID TOPACCO LIST (2011201117	TO CALLET OF	DEATH N		_		1 YES 2 NO			
AN	DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL	ONIKIBUIE	IO CAUSE OF								
PHYSICIAN:	EXAMINER?	HOSPITAL:	5.0	OTHER:	ACE OF DEATH (Ch						
\ X	1 YES 2 NO		R/Outpetlent 3 DOA		e 5 Reeldence						
표	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF IN (Month, Day,	JURY 26b. TR	JURY WO	PRK?	28d. DESCRIBE HOW I	NJURY OCCURED				
<u>\</u>	2 Accident investigation				YES 2 NO						
	3 Suicide 6 Could not be	28e. PLACE OF building, et	NJURY — Ai home, ferm, c. (Specify)	street, factory, offic	•	281. LOCATION (Street of City or Town, State)		al Route Number,			
	4 Homicide determined										
=	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of m	y knowledge, death occur	red at the time, date	end place, and due	to the cause(s) and man	nner ee stated.				
COMPLETED								e(e) end menner ee stated.			
	296. NGNATURE AND TITLE OF CERTIFIER		n		29c. LICENSE NUN		,				
8/	a-	40	C.	And.	39011	1	290. DATE SIGN	IED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALISE	OF DEATH (ITEM 27) (5mm	Print	2106	1	Lept	11 1979			
	1 7	nder. M.		Dack.	:16 D:1	Le Nort	H. ROH.	20852			
	31. DATE FILED (Month, Day, Year)				HE TIF	CE NOT	K DEIK	es all, MD			
		JE HENSTHAR	SIGNATURE PONEL	1							
	SEP 2.1 1994	- June									

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the fundable within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.

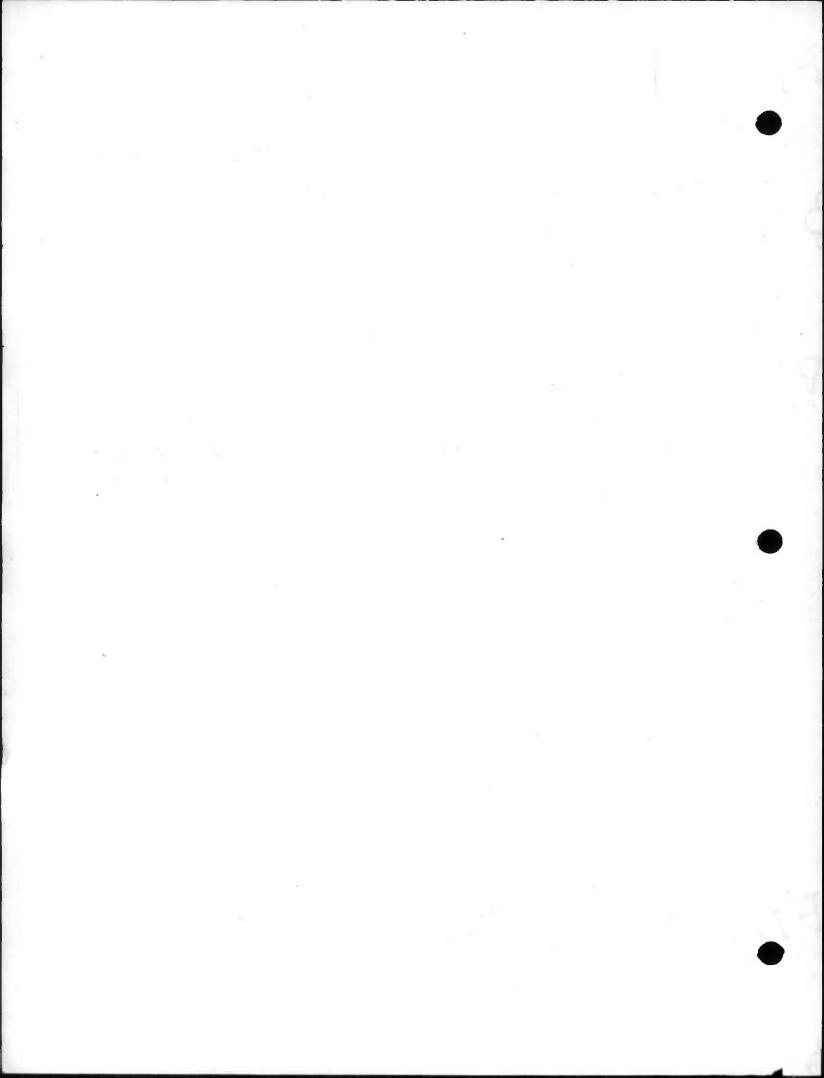
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-16 Rev 1/89

FOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z r nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dent, of Health and Mental Hydlere prior to burial, cennation, or removal.	once.
ined by	louid be	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
be reta	ge 5 st	e noti
6 may	ctor, pa	must b
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In 2	tety fille	t, the
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The la	tate De	tem 2
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NG PHY	fter this	marke
TENDI	TOR: A	28 is
DR A	DIREC	Hei
OSPITAL	UNERAL ithin 72	INT: H
THE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the item find within 72 hours after death with the State Dept of Health and Mertal Hydiene prior to burial, cremation, or removal	PORT/
2	7 2	=

	1 - STATE REGISTRAR			CE			OF DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Roy	McHenr	y ZIMMER	RMAN				se Se	DATE OF DEATH MONTH DET 14	, 1994	YEAR	3. TIME OF OEATH 1:35 AM M
	4. SOCIAL SECURITY NUMBE 214-10-3187		SEX 6. A	GE (In yrs. last 94	birthday) YRS.	IF UNDER 1 Y			DATE OF BIRTH	900	8. BIRTH	PLACE (State or Foreign
TOR	9a. FACILITY NAME (If not ins Citizens N RESIDENCE OF DEC	hursing					wn or Location of	OF OEATH		9c. COUN	eric	
DIRECTOR	Maryland	10b. COUNTY Freder	ick			r, town on i						10d. INSIDE CITY LIMITS? 1X YES 2 NO
FUNERAL	100. STREET AND NUMBER 914 Shawn	ee Driv	e				101. ZIP CODE 21701				J.S.	YHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 1 3 Widowed 4 Divon	Married	WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	ES 2 NO	IED)	It ye	s, specify Cuban, M		ORIGIN? (Specify Yea uarto Rican, atc.)	or No-	Black	— American Indian, White, atc.
COMPLETED		DENT'S EDUCATION IN THE PROPERTY IN THE PROPER		(Give	e kind of v Do NOT us Sale:	e retired.)	PATION ng most of working		Dairy			
BE CO	17. FATHER'S NAME (First, Mic Charles	Edward	ZIMMERMA	N				s name (First, Middle, Malden STOCKM			
2	Doris L. Ca	11ahan		196.	MAILING 5923	AODRESS (S Edgen	nont Road	Rural Route	Number, City or Town	n, State, Zip Mar	ylan	d 21702
	20a METHOD OF DISPOSITIO	Specify)		20b. PLACE AN	CK ME	inhial	Park Sept		r 16 ,1 994 F	reder	ick, l	wn, State Maryland
	21. SIGNATURE OF FUNERAL	SERVICE LICENS	That	MOO	255	Kee		Basi	ford P.A.			Home Md. 21701
CERTIFICATION	23. PART i. Enter the dissinct, or he IMMEDIATE CAUSE (Find disease or condition resulting in deeth) Sequentially list condition if any, leading to immedicause. Enter UNDERLYING CAUSE (Disease or injurithet initieted events resulting in death) LAST	s	DUE TO (OR A	S A CONSECUTION	JENCE OF	enco Arle	200- 500			Talory Silv		Approximate interval Batween Onset and Deeth
MEDICAL	PART II. Other algnificar	Per Conditions of	10 . 11	h but not re	sulting I	n the unde	rlying ceuse give	n in Par	t I. 24s. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO EXAMINER?		200174				8. PLACE OF DEATH	H (Check o	only one)			
ŽŽ.	1 - YES 2 7 NO		OSPITAL:				Home 5 - Realde	nca 8 🗆	Other (Specify)			
PHY		ending	(Month, Day, Yea		28b. TIMI INJ	URY	WORK?		d. DEŞCRIBE HOW II	NJURY OCC	UREO	
TED BY	3 Suicida 8 C	could not be etermined	28a. PLACE OF INJU building, atc. (S	JRY — At hom Specify)	e, farm, s			_	t. LOCATION (Street a City or Town, State)	and Number	or Rural R	loute Number,
COMPLET			: To the best of my kr) and manner as stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIER	1			_	29c. LICENSE	NUMBER	3	29d. DATE	SIGNEO	(Month, Day, Year)
O BE	Besnas	-	leurs				134	09	7	D 9	1/15	194
	Dr. Bernan		omas MD	1900 R	losen	nont A	venue, F	rede	rick, Ma	rylar	nd 21	1702
	31. OATE FILED (Month, Day, N	6 1994	32. REMSTRAR'S	IGNATURE C	wall							



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

6. AGE (In yrs. last birthday) 1/ X H 2 - F 908 YRS. certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIRECTOR GREN 10a. STATE 10c. CITY, TOWN OR LOCATION Maryland Carroll County FUNERAL 10e. STREET AND NUMBER 7593 Braemar Court ours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2NO 11. MARITAL STATUS BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1X Never Merried 2 Merried BY 3 Widowed 4 Divorced COMPLETED 18a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of work life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade College (1-4 or 5+) Elementary/Secondary (0-12) 4 Insurance Agent 17. FATHER'S NAME (First, Middle, Last) William notified at Winn Ancel1 BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Numb 5 Mr. A.L. Howes, Jr. 7593 Braemar Cou 20s. METHOD OF DISPOSITION
14 Burlel 2 Cremetion 3 Removal from State þe 20b. PLACE AND DATE OF DISPOSITION (Name of must 4 Donetlon 5 Other (Specify) Springfield Cemetery other traumatic event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENS 23. PART⁷. Enter the diseases, or complications that caused the death. Do not enter the mode of d ehock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fins) disease or condition resulting in deeth) Disseminuted a requires that the death certificate be executed with DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentisity liet conditione, If any, leeding to immediate cause. Enter UNDERLYING ite Rena CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST ver Fallur 0 Item 23 shows any Injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause MEDICAL DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO X UN PHYSICIAN: The law i 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OR ATTENDING PHYSICIAN: 1 TES 2 NO Spetient 2 ER/Outpetient 3 DOA 10 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) this c 28b. TIME OF INJURY 28 is marked, Natural DIRECTOR: After the hours after death v BY investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicida 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER ath occurred at the time, data and place TO THE HOSPITAL OF THE FUNERAL ED BE filed within 72 h 2 MEDICAL EXA ir investigation, in my opinion, death occu BE 2 USE OF DEATH (ITEM 27) (Type, Print)

SEP3 0

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) Downs

4. SOCIAL SECURITY NUMBER

Gu

Ance

STATE OF MARYLAND / DEPARTMENT OF HEALTI

CERTIFICATE OF DEA

IF UNDER 1 YEAR

9b. CITY, TOWN OR LOCAL

OTHER:

			-	14	20130
ENT OF HEALTH AND I	MENTAI	L HYGIEN			
	2. DATE	OF DEATH			3. TIME OF DEATH
	MONT		Y .	YEAR	
UNDER 1 YEAR IF UNDER 24 HRS.	7 DATE	OF BIRTH	1 -		41450 "
THE DAYS HOURS MIN.	(Month	n, Day, Year)	63	Count	IPLACE (State or Foreign ry) MO
CITY, TOWN OR LOCATION OF DE	ATH		9c. COL	ENTY OF D	EATH
Westminis-	eev		Ca	un	110
WN OR LOCATION		_			10d. INSIDE CITY
Sykesville					LIMITS?
101. ZIP CODE			10n. CIT	IZEN OF Y	WHAT COUNTRY?
21784				.S.A	
13. WAS DECENDENT OF HISPAN If yee, specify Cuben, Maxice 1 YES 2 NO Specify	n, Puerto F		or No—	14. RACI Black Spec	•
	_				White
AL OCCUPATION done during most of working ired.)	16b.	KIND OF BUS	INESS/IN	DUSTRY	
ance Agent		In	sura	nce	
16. MOTHER'S NA	ME (First, A	Aiddle, Maiden	Surneme)		
Sh	irle	7 A.	Hug	hes	
PRESS (Street and Number or Rural F				_	
caemar Court Sy					4
SPOSITION (Name of		20c. LO			
l Cemetery 9/	1			•	
22. NAME AND ADDRESS OF FA	30/94	- Sy.	kesv	ille	, MD
HAIGHT FUNERA		ME (P	.0.	Box 1	195)
Sykesville,	MD 2	21784	(410)-79	5-1400
enter the mode of dying, auci					Approximete
					Interval Between
		-			Onset and Deeth
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1)				
ulure					
in underlying group about	Don't I	04-14-0			
e underlying csuse given in	rart I.	PERFOR	MED?	24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	_	1 TES 2	NO		OF DEATH?
					1 _ YES 2 _ NO
NO W UNCERTAIN	1 🗆				
heck only one)					
HER: Nursing Home 5 - Residence	e 🗆 🗪	(Smeath :			
28c. INJURY AT		CRIBE HOW II	CILIBA OC	CURED	
WORK?	200. DES	OTHER HOW IF	WORT OC	CONCU	
, factory, offica	28f, LOCA	ATION (Street a or Town, State)	nd Numbe	r or Rural F	Route Number,
the time, data and place, and due	to the ceu	se(s) and man	ner ea sta	ted.	
my opinion, death occured at the) and menner se stated.
	100.00			W. Land	And Share and a
29c. LICENSE NUM			29d. DAT		(Month, Day, Year)
13.219	49		- 6	1-647	-cu
)					

And the state of t BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

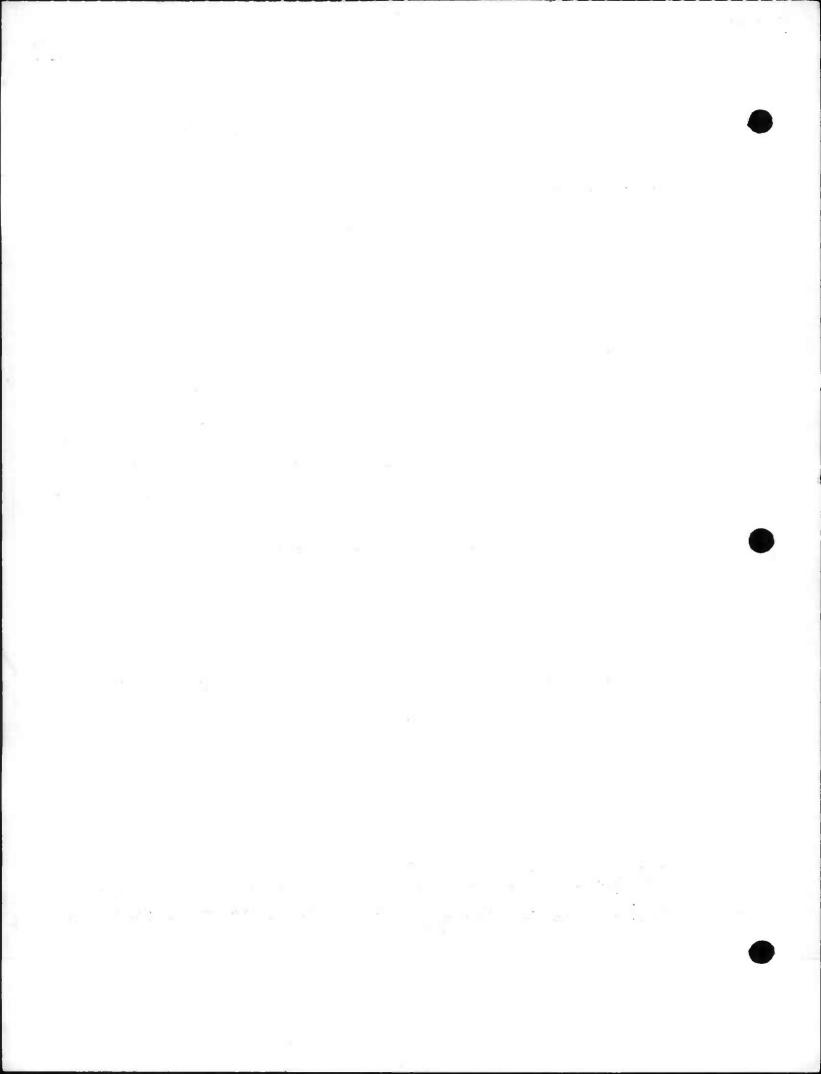
2

ITEMS: 23 PART I, II,	27, PER M	1EO FILM G-716 1	.0/21/94 t.	.t		2 -7	40
FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPAR CERTIF	ITMENT OF H	EALTH AND	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) MARION		В	ECKWITH	ī	2. DATE OF DEATH DAY SEPT 25	YEAR 1994	3. TIME
4. SOCIAL SECURITY NUMBER 216-34-2331	5. SEX 1	6. AGE (In yrs. last birthday) 56 YRS.		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTI Count	HPLACE (S
9e. FACILITY NAME (If not institution, give st			9b. CITY, TOWN C	OR LOCATION OF DE		9c. COUNTY OF D	DEATH

OF DEATH PM tate or Foreign D Pages 1, 2, 3 should DIRECTOR CHURCH HOSPITAL BALTIMORE n/a RESIDENCE OF DECEDENT 10b. COUNTY 10d. INSIDE CITY LIMITS? TYES 2 NO 10c. CITY, TOWN OR LOCATION MARYLAND n/a BALTIMORE permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? CASTLE 21205 funeral director, page 5 should be detached for use as the burial-transit 1036 N. STREET UNITED STATES ours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE - American Indien, Black, White, etc. If yee, specify Cuben, Mexican, Puerto Ri
1 ☐ YES 2 ☑ NO Specify: 1 Never Married 2 X Merried BY Specify:BLACK 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple. 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 10 th-LABORER n/a once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HENLEY æ RALEIGH NELLIE HENLEY BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 **JOANN** EXETER HALL, APT.7a, BALTIMORE, MD 21202 HARVELL 127 S. þe 20s. METHOD OF DISPOSITION
1 Burlet 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must cametery, crematory or other place. MEMORTAL PARK 10-22. NAME AND ADDRESS OF FACILITY RANDALLSTOWN MD 21. SIGNATURE OF FUNEFAL SERVICE LICENSEE examiner completely filled in by the rial, cremation, or removal. WM. C. MARCH FH. 1101 E. NORTH AVENUE medical 23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on each line. Approximsta Interval Batwee IMMEDIATE CAUSE (Final Onset and Dasth the disesse or condition ARTEPIOSCLEROTIC CAPDIOVASCULAR DISEASE event, resulting in death) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with DUE TO (OR AS A CONSEQUENCE OF): burial, other traumatic CERTIFICATION and Sequantisity list conditions, prior to DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediata cause. Entar UNDERLYING the attending physician Mental Hygiene prior to CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 Injury, PART II. Other aignificant conditions contributing to death but not requiting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Health and AMILABLE PRIOR TO COMPLETION OF CAUSE any DIABETES MELLITUS 1 YES 2 NO OF DEATH? 23 shows 1 TES 2 NO has been s Dept. of F DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATH (Check only one) this certificate h tem EXAMINER? HOSPITAL OTHER: Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specily) the : 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 XXNatural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death vitem 28 is mart BY 2 Accident 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. TO THE FUNERAL C be filed within 72 h IMPORTANT: If II 2 X MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. AND TITLE OF CENTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year)

0 09/28/1994 O.C.M.E.

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201



BALLIMORE, MARTLAND ZIZIS-0020	MILAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	medical examiner must be notified at once.
VII AE RECORDS, F.O. BOX 68760,	TO THE HOSPITAL OR ANDRIGHT PHYNICIAN; The law requires that the death certificate be executed within	TO THE FUNCTIAL CHECILIAN CONTINUES CONTINUES OF HIGHER BY MARKET HIGHER AND COMPLETED TO COMPLETED AND COMPLETED	be lied within it in the second of the state begin, or regard and reging any injury, or other traumatic event, the medical examiner must be notified at once.

	HEGISTHAN		CLAIII	ICALE	T DEAL	П	REG. NO.		
	1. DECEDENT'S NAME (Figt, Middle, Last)	DE	DESDER	D BR	OOKS		OATE OF DEATH	isak	S. TIME DE DEATH
	4. SOCIAL SECURITY NUMBER 2/10-12-4163	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEA		ARIN (I	ATE OF BIRTH Worth, Day, Year)		BIRTHPLACE (State or Foreign Country)
		, ,	//	DI OUTY TOU	71 07 100 7710		2-19-192		N.C.
œ	9e. FACILITY NAME (If not institution, give atre	L. D		RI	N OR LOCATIO	N OF DEATH	100	9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	rav		Dal	tv				
E I	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
5	Ma		18	Sa Ho					1X YES 2 ND
AL	100. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
ER	2303 Lyndhur	st Aue			21	216		6	1.5A
FUNERAL		12. WAS DECEDENT EYER FORCES? 1 X YES		13. WAS	DECENDENT DE	HISPANIC OF	RIGIN? (Specify Yes	or No- 14.	. RACE — American Indian, Black, White, etc.
ВУ	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			YES 2 NO		mo mam, etc.)		Specify: Black
	15. DECEDENT'S EDUCA	TION	16a. DECEOENT'S		/				10,100
COMPLETED	(Specify only highest grade of	ompleted)	(Give kind of life. Do NOT u	work done during	most of working		16b. KIND OF BUSI	NESS/INDUS	THY
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Self	-	loyed				
NO	17. EATHER'S NAME (First, Middle, Last)		0011	- 4		ER'S NAME (F	irst, Middle, Maiden S	(umeme)	
	Raymond Bruks				TI	lin	A. Smill	10	
BE (199 INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	eet and Number	or Rural Route	Number, City or Town	State, Zip Co	de)
2	Clarice Brooks		230	3 Lun	thurs t	- B	a 140.41	21	216
	20e, METHOD OF DISPOSITION 1 X Buriet 2 Cremation 3 Remov	20	b. PEACE AND DATE	OF DISPOSITION	(Name of			ATION - City	or Town, State
	Donation 5 Other (Specify)	net from State	melery, cremetory or of	n Tor	resi VI	et 10	13/94 00	VINGS	Mills, 44
	21. SIGNATURE OF FUNERAL SERVICE LICE	ASTE A		22. NAM	E AND ADDRES	S OF FACILITY	1 of	1	
	& Allone	4. Mom	pson J	r 14a	Wh F-	, H . W	alash	Não.	
	23. PART V Enter the diseases, Dr co	and the same of th	4	not enter the	mode of dvir	o uch as	cerdiec or respir	atory arrest	Approximate
	Hock, or heart failure. L	st only one ceuse on	eech line.						Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	CFRE	RAI	ANDY	ria				5 days
	resulting in death) a.	DUE TO (DR AS	BRAL A CONSEDUENCE O)F):	_//				5.07
z		HYPOT	ENSIAN	1					6 days
5	Sequentielly list conditions, If any, leading to immediate	DUE TO (DR AS	A CONSEDUENCE O	F):					1 1
S	CAUSE (Disease or Injury	MORT	10 7e	MR.					6 cours
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (DR AS	A CONSEDUENCE O	F):					
5	d.								
	PART il. Other aignificent conditions	contributing to death	but not resulting	in the underi	ying ceuse g	lven in Part	I. 24a. WAS AN A	WTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL							PERFORI		AVAILABLE PRIOR TO COMPLETION DF CAUSE
				P.				•	OF DEATH?
Z									
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				. PLACE DF DE	ATH (Check or	ily one)		
SIC		HOSPITAL:	patient 3 🗆 DOA	OTHER:	Home 5 🗆 Res	ildence 6 🗆	Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	E OF 28c.	INJURY AT WORK?	28d.	OEŞCRIBE HOW IN	JURY OCCUR	NED
ВУ	1 Mitural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			YES 2	NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Sp	Y — At home, ferm, ecify)	etreet, factory,	office	281,	LOCATION (Street or City or Town, State)	nd Number or	Rural Route Number,
	4 Homicide determined						, , , , , , , , , , , , , , , , , , , ,		
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSIC	AN: To the best of my kno	wiedge, death occurr	red at the time,	date end place,	end due to the	e cause(a) and mans	ner as atated.	
O	one) 2 MEDICAL EXAMINER	On the basis of examinati	on end/or investigation	on, in my opinio	n, death occure	d at the time,	date end place, end	due to the c	euse(e) end manner ee stated.
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICE	NSE NUMBER		29d. DATE S	IGNEO (Month, Day, Year)
BE C	MUSKON	MD			A	14147	357-M607	E. 9	128/94
일	30. NAME AND ADDRESS OF PERSON WHO	CDMPLETEO CAUSE OF O	. 9	o, Print)			357-M607	711	111
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPA	RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Blanci	he d Brown		2. DATE OF DEATH MONTH 27 DAY	94/YEAR	3. TIME OF DEATH PH
10	4. SOCIAL SECURITY NUMBER 212-28-4214	5. SEX 1 M 2 X F 6. AGE (In yrs. lest birthde) YRS.	/) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-11-2	8. BIRTHI Country	PLACE (State or Foreign
TOR	98. FACILITY NAME (If not institution, give st SIMAL HOST RESIDENCE OF DECEDENT	vot and number)	86. CITY, TOWN OR LOCATION OF D		Balty Balty	imore,
DIRECTOR	10e. STATE 10b. COUNTY	Baltimore City 10c. c	Ba HIMO re			10d. INSIDE CITY LIMITS? 1 DECES 2 NO
FUNERAL	100. STREET AND NUMBER 5581 Eldero	4	101. ZIP COOE 2 2 2	5	10g. CITIZEN OF W	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA It yes, specify Cuben, Mexic: 1 YES 2 NO Specif	an, Puarto Rican, stc.)	or No— 14. RACE Black, Specifi	- American Indian, , White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) (Give kind of	'S USUAL OCCUPATION of work done during most of working use retired.)	16b. KIND OF BUSII	NESS/INDUSTRY	010
	17. FATHER'S NAME (First, Middle, Last)	Dusan	10. MOTHER'S NA	AME (First, Middle, Maiden St	urneme) Use	Kapp
TO BE	199. INFORMANT'S NAME (Type/Print)	27 ter 79	NG ADDRESS (Street and Number or Ryral	Route Number, City or Town,	State, Zip Code) Ba Ho. M.	d 21244
	200 METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIB	oval from State completer, compajory of	Carnedial Ca	y Jolilay Ba	LYD MA	yn, State
	Alrone +	to champson &	Je Manch I of	West (300 W)	eboush	Sure
	23. PART Lenter the disease, or cahock, or haart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused the death. Do list only one cause on each line. HEMOTHAGE DUE TO (OR AS A CAPSEOUENCE		has cerdiec or reepira	itory arrest,	Approximate intervel Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated evente resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE	OF):			
MEDICAL C	PART II. Other significent conditions	e contributing to deeth but not reculting	g in the underlying ceuee given in	Part I. 24s. WAS AN A PERFORM	NO	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 Y NO
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HYSI	1 YES 2 NO	1 Inpetient 2 ER/Outpatient 3 DOA	OTHER: 4 Nursing Home 5 Residence IME OF 28c. INJURY AT	8 Other (Specify) 28d. OESCRIBE HOW INJ	ILIPY OCCUPED	
ВУ РІ	1 Natural 5 Pending 2 Accident Investigation		NJURY WORK? M 1 YES 2 NO	Zau. VESCRIBE NOW INC	JOH! OCCOMED	
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — Al home, term building, etc. (Specify)	s, street, tactory, office	28f. LOCATION (Street and City or Town, State)	d Number or Rural Ru	oute Number,
COMPLETED		CIAN: To the best of my knowledge, death occurs: On the bests of examination end/or investigate.				end manner es stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER PARTMER K	Ack Resident Phi	29c. LICENSE NU	MBER	29d. DATE SIGNED	(Month, Day, Year)
	Barbara K	O COMPLETED CAUSE OF DEATH (ITEM 27) (7)	Hospital	Baltimore	mp	,
	3 0 1994	Jahran Marian Rangy	· /			



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pital or attending physician. ed for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

212-40-0661 9a. FACILITY NAME (If not institution, give street to 8307 Numley Drive, RESIDENCE OF DECEDENT. 10b. COUNTY Maryland Baltim 10c. STREET AND NUMBER 8307 Numley Drive, 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATIC (Specify only highest grade comp	SEX M 2 S F 88 I and number) Apartment Apartment Apartment Apartment Apartment WAS DECEDENT EYE FORCES? 1 U Y IF YES, GIVE WAR OF College (1-4 or 5+) I from State Omboment	t B ty t B er in u.s. ar res 2 2 1 n res 2 2 n res 2 2 n res 2 2 n res 2 2 n res 2 2 n res 2 2 n res 2 2 n res 2 2 n res 2 2 n res 2 n res 2 n res 2 n res 2 n res 2 n res 2 n res 2 n res 2 n res 2 n res 3 n res 3 n res 3 n res 3 n res 3 n res 3 n res 3 n res 3 n res 3 n res 3 n res 3 n res 3 n res 4 n res 4 n res 4 n res 4 n res 5 n res 5 n res 5 n res 6 n res 6 n res 7	19c. CITY Balt Time bind of with the bi	Baltin Trown or Loc timore 13. Was D If yea, 1 USUAL OCCUPA Nork done during is e relired.) ADDRESS (Stree Nunley FDISPOSITION (ther place) 22. NAME JOHn 6415	N OR LOCATION NOTE CATION 101. ZIP CODE 21234 ECENDENT OF I specify Cuban, IES 2 X NO ATTION 18. MOTHER Marcy or and Number or Drive, (Name of Emetery AND ADDRESS C. Mil	HRS. OF DEA HISPANII Maxican, Specify: RYS NAM ATC	C ORIGIN? (Specification), Puerto Rican, of 16b. KIND Bink IE (First, Middle, t Spence Number, City t. B, E DATE 10/3	28, 190 TH 190 100 100 100 100 100 100 100 100 100	COUNTY OF MAIL COUNTY	ryland DEATH ORE COUNTY 10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY? CE—American Indian, ck, Whita, etc. STEE Maryland 21
4. SOCIAL SECURITY NUMBER 212-40-0661 9e. FACILITY NAME (if not institution, give street of 8307 Numley Drive, RESIDENCE OF DECEDENT 10e. STATE 10e. STATE 10e. STATE 10e. STREET AND NUMBER 8307 Numley Drive, 11. MARITAL STATUS 12. Married 13. Midowed 4 Divorced 15. DECEDENT'S EDUCATIC (Specify only highest grade complete only	SEX M 2 S F 88 I and number) Apartment Apartment Apartment Apartment Apartment WAS DECEDENT EYE FORCES? 1 U Y IF YES, GIVE WAR OF College (1-4 or 5+) I from State Omboment	t B ty t B er in u.s. arr // B er in u.s. arr // B // B // CO	19c. CITY Balt Time bind of with the bi	9b. CITY, TOWN Baltin 7, TOWN OR LOC timore 13. Was D If yea, 1 Y USUAL OCCUPA OR done during or refred. ADDRESS (Stree Nunley F DISPOSITION) PARK CE 22. NAME JOhn 6415	N OR LOCATION NOTE CATION 101. ZIP CODE 21234 ECENDENT OF I specify Cuban, IES 2 X NO ATTION 18. MOTHER Marcy or and Number or Drive, (Name of Emetery AND ADDRESS C. Mil	HRS. OF DEA HISPANII Maxican, Specify: RYS NAM ATC	7. DATE OF BHR (Month, Dey.) DEC. 1.3 ATH C ORIGIN? (Spee, Puerto Rican, of the Spence Number, City t. B, E DATE 1 10/3	THE THE THE THE THE THE THE THE THE THE	Baltim COUNTY OF I Baltim COUNTY OF I BALTIM BALTIM COUNTY OF I BALTIM	Pryland DEATH OPE County 10d. INSIDE CITY LIMITS? 1 VES 2 NO WHAT COUNTRY? DE - American Indian, ek, Whita, etc. Selfy: The Country of th
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		nd completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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BALTIMORE, MARYLAND 21215-0020	ecuted within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	wrial-tr
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SINDLY NEW TECONDS, P.O. BOX 60/60, BALLIMORE, MARTLAN	TO THE HOSPITAL DEPARTEDIONS PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR, Ager this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	be filed within 72 hours after feath with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART			MENTAL HYGI		
	1. DECEDENT'S NAME (First, Middle, Last) Genevieve M. I					2. DATE OF DEAT MONTH September	H	YEAR 94 08 0 AM
	4. SOCIAL SECURITY NUMBER 215-18-8666 90. FACILITY NAME (If not institution, give str	1 □ M 2 💢 F 7	6 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, You April 1]	,1918	B. BIRTHPLACE (State or Foreign Country) Maryland
TOR	5211 Staab Terrace				or Location of D	EATH	N/A	TY OF DEATH
DIRECTOR	-	/A		timore	11711			10d, INSIDE CITY LIMITS? 1 X YES 2 NO
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BE CC	James Thorpe				Beatric	ce LaRue		
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PHYSICIAN: MEDICAL	PART II. Other significant conditions — DIABET — CHR DIV	CONTRIBUTING to death	but not resulting in	the underlyle	ATRI	PEI	S AN AUTOPSY REORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA		HOSPITAL:		OTHER:	ne 5 Residence			
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	Y 28b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO	6) Other (Specify) 28d, DESCRIBE H		JRED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, st pecify)	eet, factory, offi	ce	281, LOCATION (St City or Town, S		or Rural Route Number,
COMPLETED	MEDICAL EXAMINER	MAN: To the best of my kno						d. ceuse(a) end memor ee stated.
TO BE	291. SIGNATURE AND TITLE OF CENTRALS 39 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type)	Print)	D22	334	29d. DATE	SIGNED (Month, Day, Year) Sept-94
	Joseph	() 77=	21150	MO	700	1 UXPI	V Pol	12,110 m 4

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ITEMS: 23 PART I, 27, PER MEO FILM G-716 10/20/94 t.t Item# 1.G-film 715 per F.H 9/30/94 P.C

		FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTAI	HYGIENI REG. NO.	E		
	-	1. DECEDENT'S NAME (First, Middle, Lest) Earl ALBERT	COOKE				2. DATE MONTH SE			EAR	7:45P
Pin		4. SOCIAL SECURITY NUMBER 218-46-9579	5. SEX 6. AGE 1 X M 2	(In yrs. lest birthday)	MONTHS DAYS	B HOURS MIN.	7. DATE (Month 06 /	DE BIRTH Dev. Year) 17/194	1.		CE (State or Foreign
2, 3 should	OR	99. FACILITY NAME (If not institution, give str 420 CARROL IS			96. СІТУ, ТОМ СНА	N OR LOCATION OF D SE	EATH		9c. COUNT	OF DEATH	
-0020 ing physician. the burial-transit permit. Pages 1, 2,	DIRECTOR	100. STATE 100. COUNTY Maryland	Baltimore	10c. Cr	TY, TOWN OR LOC		ase				. INSIDE CITY LIMITS?
n. ansit perm	FUNERAL	100. STREET AND NUMBER 420 Carroll Isla	nd Road			101. ZIP CODE 21	220				States
5-0020 nding physician is the burial-tra	À	11. MARITAL STATUS 1 Never Merried 2 12 Merried 3 Divorced	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D VLETNAM	2 NO	If yee,	ECENDENT OF HISPA specify Cuben, Mexic ES 2 [X] NO Speci	en, Puerto F		or No — 1	Black, Wh	American Indian, lite, atc. White
2121 al or atte for use a	PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondary (0-12) 12th Grade	ATION completed) College (1-4 or 5+)	(Give kind of	S USUAL OCCUPA work done during se religed.) IULY COV	most of working Structio		Haver		TRY	
MARYLAND retained by the hospit 5 should be detached notified at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Last) Gilbert Cooke				1a. MOTNER'S N.			Sumame)		
be retained to 5 should e notified	TO B	190. INFORMANT'S NAME (Type/Print) Wis. Carolyn J.	Cooke			er end Number or Rural L Island	Route Numb	er, City or Town	State, Zip Co		1 21220
FORE, e 6 may be ector, page		20e. METNOD OF DISPOSITION 1 2 Buriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State	b. PLACE AND DATE	of disposition ((Neme of LPk. 10/	1 /94	20c. LOC	Air.	y or Town, S	State
BALTIMORE, ter death. Page 6 may b the funeral director, page oval.		21. SIGNATURE OF FUNERAL SERVICE LICE	Gibbs		Dudo	and address of Fi a-Ruck Fu 2 Wise Au	neral	Home	of Du	ndalk	Inc.
within fours mpletely filled in t cremation, or re-		23. PART I. Enfer the diseases, or content of the process of the p	ARTERIOSCL	ech ilne.	DIOVASCUL	AR DISEASE	ch es cerd	lec or respir	etory arres	t,	Approximate interval Between Onset end Death
P.O. BOX 68 ath certificate be executeeding physician and lail Hygiene prior to bur	CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
ORD; that the ed by the th and M	MEDICAL O	PART II. Other aignificant conditions	contributing to death b	out not resulting	in the underly	ing cause given in	Part I.	24a. WAS AN A PERFORI 1 YES 2	MED?	AWAI COM OF E	LABLE PRIOR TO IPLETION OF CAUSE DEATH?
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YSICIAN: The law s certificate has th the State Dep id, of Item 23	YSICIAN		HOSPITAL: 1 Inpatient 2 ER/Outs	26. PLACE OF DEA	OTHER:	ome 5 Andreadence	8 🗆 Other	(Specify)			
P PYSIC S Ce	у РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. Till	JURY \	NJURY AT WORK? YES 2 NO	28d. DEŞ	CRIBE NOW IN	JURY OCCU	RED	
	TED B	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	f — At home, ferm, cify)	street, factory, of	fice	28f. LOCA City o	KTION (Street er or Town, State)	nd Number or	Rural Route	Number,
DI HOSPITAL OF FUNERAL DIA WITHIN 72 HOUR	COMPLET		IAN: To the beat of my know: On the beale of examination							euse(e) end	manner ee stated.
TO THE HOSPIT TO THE FUNERA THE FINERAL TIMPORTANT.	TO BE C	39h SIGNATURE AND TITLE DF CERTIFIER	Corles	w		O.C.	M.E.		▶ SI	EPT	th, Day, Year) 28/94
		J. A RON LOC	CDMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	n Stre	et, Bal	timo	re, M	aryl	and 2	21201

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		1. DECEDENT'S NAME (First, Middle, Last)	E+hol i	- Carte	210				2. DATE O	F OEATH 28	100	YEAR 3.	TIME OF OEATH
		4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. las		IF UNDER 1 Y							M
		228-03-1624	1 □ M 2 √ F	81	YRS.		_	IF UNDER 24 HRS.	7. DATE Of	21-12		Carratari	ACE (State or Foreign
3 should		9a. FACILITY NAME (If not institution, give s				9b. CITY, TO	OWN OR I	LOCATION OF DE		- 12	9c. COUN	TY OF DEAT	
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Page	DIREC	Md		N					LIMITS?				
permit. Pages		10e. STREET AND NUMBER			Lai	tonsville			10a. CITIZ		T COUNTRY?		
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215-0020 attending physician. se as the burial-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S., AF	RMED	13. WA	S DECENI	DENT OF HISPAN	IIC ORIGIN?	(Specify Yes	or No—	14. RACE —	American Indian, /hite, atc.
o o by	ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		NO			ty Cuban, Maxicar NO Specify		an, atc.)			Black
15- tendir		15. DECEDENT'S EDUC	CATION	16a, DE	ECEDENT'S	USUAL OCCI	JPATION		16h 1	IND OF BUS	INESS/INDI		- Tack
2121 al or atte for use	ETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	1/he	live kind of v	USUAL OCCU work done duri se retired.)	ng most o	of working	100.1			, , , , ,	
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YLAND by the hospit be detached at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)					10	8. MOTHER'S NAI	ME (First, Mic	ldle, Maiden S	Sumame)		
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MARYLAND 21 retained by the hospital or 5 should be detached for u notitied at once.	2	19a. INFORMANT'S NAME (Type/Print)		19	2503			Number or Rural F	Route Number	City or Town	, State, Zip (Code)	Md 21215
page page		Janice Beale		20b PLACE		OF DISPOSITION			DATE	20c 1.00		ity or Town,	
ALTIMORE, Jeath. Page 6 may be funeral director, page		1 Donation 5 Other (Specify)	oval from State	cemetery, cre F am 1	ematory or of	ther place)			9299	1	ew,		J. C. C. C. C. C. C. C. C. C. C. C. C. C.
ALTIN death. Pag e funeral dir il. examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NA		ADDRESS OF FAC					
- u - u	3	* Gladus	Wan	nen		1419	arcn 4300	F/H We Wabas	st h Ave	nue			
Se Se Se Se Se Se Se Se Se Se Se Se Se S		23. PART I. Enter the diseases, or of ehock, or heart feilure.	omplicatione that	caused the de	eeth. Do n						atory erre	eat,	Approximate
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- >= ==		diseese or condition resulting in deeth)	a. 14	Dur	esu	My -	10	aug	u				Imonste
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OX 68 be executed in the properties of the prop	CERTIFICATION	Sequentielly list conditions, if any, laeding to immediate	DUE TO (OR AS A CONSE	OUENCE OF	F): ,	>	1-					17-09
BOX cate be s hysician prior to	CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	H	TIU		4	emes	Me	ĩ			
.O. B. certificate ding physi tyglene pr	TE	thet initieted events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF	F):							
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		PART II. Other significent condition	s contributing to	deeth but not a	reculting i	in the unde	riying c	ause given in	Part I. 2	4a. WAS AN A			ERE AUTOPSY FINDINGS AILABLE PRIOR TO
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AL F ne law r has be bept. n 23 s	AN	DID TOBACCO USE CONTE	RIBUTE TO CAL		_	S NC		UNCERTAIN	1 🗆 📗				
F VITA SICIAN: The certificate h the State I	PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHER:		5 (B - 11					
SICIA certif h the	ΗX	27. MANNER OF DEATH	28a. DATE OF I	NJURY	28b. TIM	E OF 28	c. INJURY			Specify)	JURY OCCI	URED	
ATSION OF VITAL ATTENDING PHYSICIAN: The law ECTOR: After this certificate has b a after death with the State Dept. 28 is marked, or item 23	BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	y, rear)	INJ	M 1	WORKS	2 NO					
SION TENDING TOR: After ofter death	ED	3 Suicide 6 Could not be 4 Homicide datarmined	28a. PLACE OF building, a	INJURY — At he itc. (Specify)	ome, farm, s	street, factory,	offica		28f. LOCAT City or	ION (Street ar Town, State)	nd Number o	or Rural Rout	9 Number,
DIVISION OR ATTEND DIRECTOR: A hours after (item 28 is	1 H	204 CERTIFIER											
3 10 0	COMPL	(Check only											
THE HOSPITAL THE FUNERAL filed within 72	8	2 MEDICAL EXAMINES	7	milination and/or	mveatigatio	n, in my opin				nd piaca, and			
TO THE HOSPIT TO THE FUNERA DE filed within 7	B	(Ne Vin	1				25	9c. LICENSE NUM	19 ER		29d. DATE	SIGNED (M	onth, pay, Year)
≒ 53 ₹	임	30. NAME AND ADDRESS OF PERSON WE	COMPLETED CAUSE	E OF DEATH (ITE	M 27) (Type,	Print)		war.	× 1 T		/	101	1.74
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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	G
-	F HOSPITAL DR ATTENDING PHYSICIAN: The law remaines that the death certificate be executed with
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH SAMUEL CAPECCI SR Sept. 29,1994 12:35 P 7. DATE OF BIRTH
(Month, Dey, Year)
5 - 31 - 1915 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS 1 M 2 - F HOURS 216-01-5516 79 YRS. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH Greenery Extended Care Center DIRECTOR Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? HOMEWAY 6918 RD 21222 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ¥ YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried specify: White B 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 9th Gen. Motors Supervisor Once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Serafino Capecci Ħ Anna Mareschi notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Margaret Capecci 6918 Homeway Rd. Baltimore, Md. 21222 e 20e. METHOD OF DISPOSITION
(X) Burtel 2 Cremation 3 Removal from State
4 Donation \$ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must Baltimore, Md. Garderns of Faith 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY NERAL HOME OF DUNDALK olt 7110 SOLLERS PT. RD onn medical 23. PART I. Enter the diseasee, or complications that dused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heert failure. Liet only one cause on each line. Approximata Intarval Batween 6 IMMEDIATE CAUSE (Final Oneet end Daath cremation, event, the disease or condition resulting in death) ALZHEIMERS 6 years DUE TO (OR AS A CONSEQUENCE OF) and com burial, (or other traumatic CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF): 9 physician a If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in death) LAST the atten Mental H 23 shows any injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMEO? MEDICAL Health and 1 - YES 2 NO OF DEATN? 1 YES 2 NO PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate I OTHER:
4 Nursing Nome 5 Residence 8 Other (Specify) HOSPITAL: 1 TYES 2 NO 1 | Inpetient 2 | ER/Outpatient 3 | DOA 0 27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED marked, this with 1 Natural
2 Accident М 1 YES 2 NO After ti BY 28e. PLACE OF INJURY — Al home, ferm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 3 Suicide 8 Could not be COMPLETED DIRECTOR: hours after 28 4 Homicide determined 29e. CERTIFIER
(Chark ank.)

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) and menner ee stated.

29c. LICENSE NUMBER

D35170

808-810 S. Conkling St

29b. SJANATURE AND TITLE OF CERTIFIE

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Simpler, M.D.

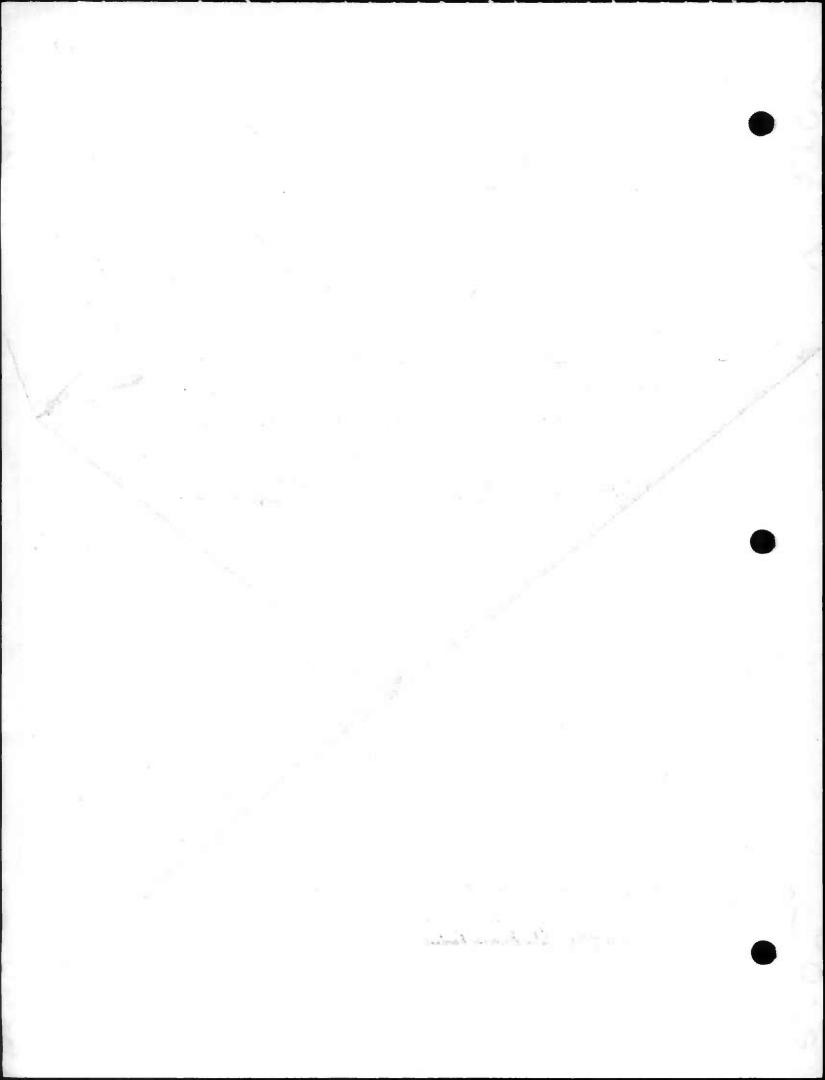
30. NAME AND A OORESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

ermo

32 REGISTRAR'S SONATURE

29d, DATE SIGNEO (Month, Day, Year)

9/29/1994



Pages 1, 2, 3 should

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BY

COMPLETED

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EXAMINER?

5 Pending Investigation

6 Could not be determined

27. MANNER OF DEATH

1 Natural

2 Accident

3 Sulcide

29b. SIGNAT

4 Homicide

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	2	IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

94 28805 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH MARY MONTH 06 A Z 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 212-18-0194 1 M 2 X F 73 YRS. APRIL 13,1921 MD 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH NORTHWEST HOSPITAL CENTER DIRECTOR RANDALLSTOWN BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? MD. BALTIMORE BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4767 BYRON RD. 21208 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married 1 TYES 2 NO Specify: BY 3 Wildowed 4 Divorced Specify: WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE AT HOME 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) **ABRAHAM GOLDMAN** BE REBECCA OSOFSKY 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. GAIL ROSS 8 KISKA COURT, RANDALLSTOWN, MD. 21133 20a. METHOD OF DISPOSITION
1 String Burial 2 Cremation 3 C
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 09/29/94 TE 20c. LOCATION - City or Town, State BETH ISAAC-ADATH ISRAEL CONG BALTO, MD 21. SIGNATURE OF EMPERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO 21215 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ehock, or heert failure. List only one ceuse on each line Interval Between IMMEDIATE CAUSE (Finel Onaet and Death ardiocemic diseese or condition resulting in death) (ciro 12 JR In CERTIFICATION Sequentielly llet conditions, DUGITO (OR AS & CONSEQUENCE OF) if any, leading to immediate Proficent cause. Enter UNDERLYING CAUSE (Disease Dr injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other eignificant conditione contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 TES 2 NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🔀 25. WAS CASE REFERRED TO MEDICAL

26. PLACE OF DEATH (Check only one, OTHER: atient 2 - ER/Outpetient 3 - DOA 28a. DATE OF INJURY

6 Other (Specify) 28b. TIME OF

28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

1 YES 2 NO 26a. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

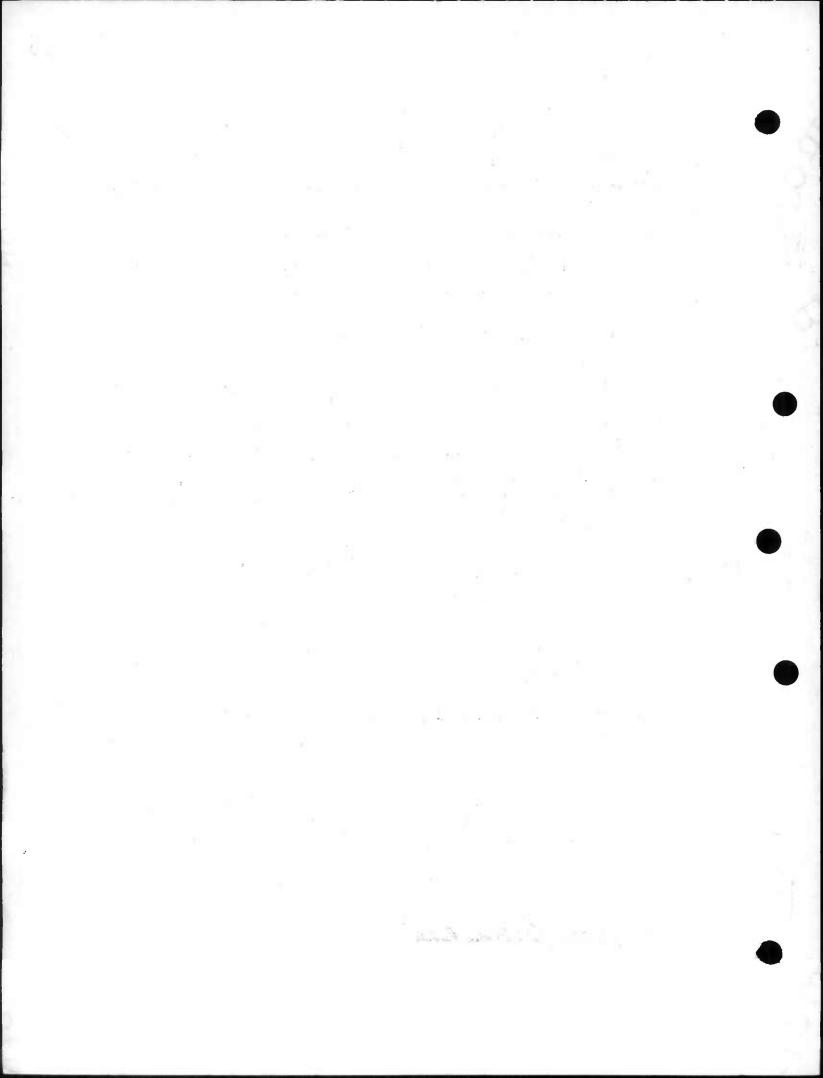
10.	(Check only a	CERTIFYIN	PHYSICIAN:	To the best of my k	nowledge, de	eath occurred at t	the time, da	ita snd place,	and dua to	the cause(s) and ma	nner es	atated
	one)	2 MEDICAL D	VAMINED. O-	the beats of superior	-41	to attach to		E					

2 🗆	MEDICAL EXAMINER:	On the basis o	f axamination and/or in	avestigation, in my opinion, de	eath occured at the time, data ar	d place, and dua	to the cause(s) and manner as stated.
URE KNO	TITLE OF CERTIFIER	(n)	CMMO		29c. LICENSE NUMBER	29d.	DATE SIGNED (Month, Day, Year)

NAME AND ADDRESS	OF RERSON WHO	COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type, Print)
R	cherd	Valla	IMAD Y	While

au			(I) EM 2/) (3	Thurst	
	_	e elem	TUDE		

A DI WELLAN ANDLE



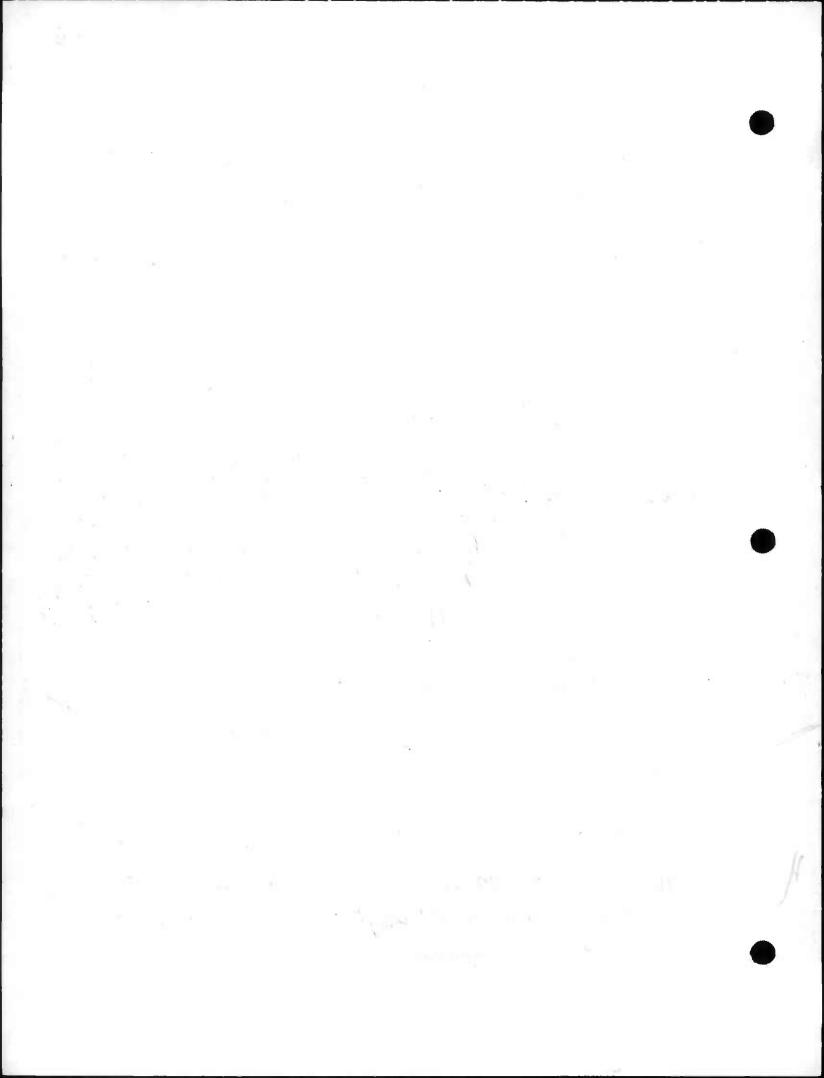
DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	DECEDENT'S NAME (First, Middle, Last)		CENTITIONIC OF DEATH			2. OATE OF DEATH 3. TIME OF DEATH						
	FRANK	DOWDY				SEPT.28,	n/a m					
				F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	S. Bif	RTHPLACE (State or Foreign				
	216-09-5436 9a. FACILITY NAME (If not institution, give stre	**	95 YRS.		R LOCATION OF DE	AUG. 11, 1	1899 S	.CAROLINA				
OB	St. Agnes Hospital				IMORE	Alh	n/a					
إظ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	TOWN OR LOCATI	104			10d. INSIDE CITY						
DIRECTOR	MARY ŁAND n	BALTIMORE				LIMITS?						
BY FUNERAL	1634 E.	STREET	REET 21213				ED STATES					
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	U.S. ARMED 2 X NO ATES	[X] NO If yes, specify Cuben, Maxican, Puarto Ricen, etc.)				as or No- 14. RACE — American Indian, Black, White, atc. Specify: BLACK					
E	15. OECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16a. DECEDENT'S US (Give kind of wor	k done durina mos	N st of working	16b. KIND OF BUS	INESS/INDUSTR	Y				
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5+)	LABOR	retired.)		n/	/ a					
OMI	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA!	ME (First, Middle, Melden Surname)						
BE	WILLIE	DOWDY		MARY DOWDY								
2	198, INFORMANT'S NAME (Type/Print) LEONARD	DOWDY			AN BLV		MOREc.1	MD 21214				
	20a. METHOO OF DISPOSITION 1 X Byrial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	val from Stata 20b.	PLACE AND DATE OF	HOR TAL	CEMETE!	0ATE 20c. LOC RY10/1RAN	CATION — CIRY OF	TOWN, Stata				
	21. SIGNATURE OF FUNEBAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Mmete	EK. 5	Anes	1101 F	E. NORTH	HOME EAST AVENUE/BAI	.TIMORE	, MD 21202				
	23. PART I. Enter the diseases, or co shock, or heart failure. Li	omplications that caused	tha death. Do not ach lina.	anter the mod	da of dving, auch	h as cardiac or reapi	ratory arrest.	Approximate				
	IMMEDIATE CAUSE (Final disease or condition	AR	birati	ion ,	tinea	monig		Onsat and Death				
_,	disease or condition reaulting in death) a. HSD I Y 9 TICN PROUNDING 1 1 1/7 OUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequantially list conditions, if any, leading to immediata	Interval Batween Onsat and Daath As a consequence of: Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	DUE TO (OR AS A CONSEQUENCE OF):				2044					
E	resulting in death) LAST											
	PART II. Other significant conditions	contributing to death b	ut not reaulting in	the underlying	cause given in	Part i, 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS				
ICAL	Diva	denal	aden)	PERFOR	MED?	AVAILABLE PRIDR TO COMPLETION OF CAUSE				
PHYSICIAN: MEDIC	<i>p</i> - 20	acci,	700	(C) (G)	t			DF DEATH?				
N.												
CIV		HOSPITAL:		THER:	ACE OF DEATH (Che							
HYS	1 YES 2 NO	1 Inpetient 2 ER/Outp	etlant 3 DOA 4		JRY AT	6 Other (Specify) 26d. DESCRIBE HOW IN	NJURY OCCURED					
ВУ Р	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJUR	Y WOF	RK? ES 2 NO	and begoinds now in	IDON'T COCONED					
COMPLETED B	3 Suicide 6 Could not be 4 Homtcide detarmined	28e. PLACE OF INJURY building, etc. (Spec	IRY — At home, farm, street, factory, offica pocify)			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
MPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
	29b. SIGNATURE AND TITLE OF CERTIFIER	On the basis of examination	and/or investigation,	In my opinion, de								
TO BE	Amaten H. Haven M.D D 15503 >09/28/94											
					3							
F	30. NAME AND ADDRESS OF PERSON WHO AMATUN H	COMPLETED CAUSE OF DEA		phin	street,	Belto M	P1217	-				
Ţ	30. NAME AND ADDRESS OF PERSON WHO AMATUU 31. DATE FILED (Month, Day, Year) SEP 3 0 1554	COMPLETED CAUSE OF DEAL ALERS SIGN, COMPLETED CAUSE OF DEAL ALERS	561 Dol	3 1	street,	Belto M	PIZIT					



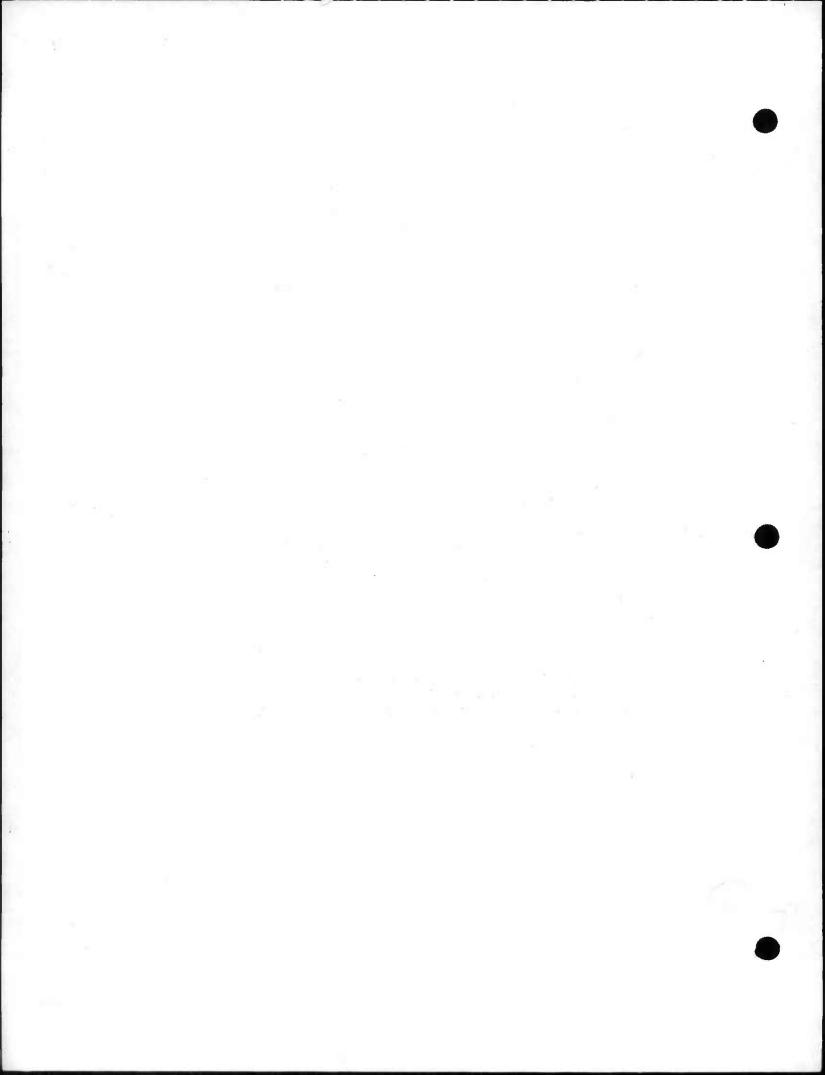
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and local ceath. Page 6 may be retained by the hospital or attending physician.

IN THE PHYRICAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the purial permit of the signed by the attending physician and mental Hygiene prior to burial, cremation, or removal.

IN PORTIANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL				MENTAL HYGIENI REG. NO.	E		
	CECCHITTRE NAME (First Abdeels, Law) Li Zabet to Deshner Li			P _M					
	219 60 1139	1 □ M 2 □XF 6	^		1	7. DATE OF BIRTH (Month, Day, Year)		Country)	eign
TOR	Hopkins Bay Vi	·	enter			EATH	9c. COUNTY	OF DEATH	
DIRECTOR	10e. STATE 10b. COUNT	Υ						LIMITS?	NO
FUNERAL		Street Apt.	2-B	10			-		
à	1 Never Married 2 Merried	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuben, Mexica	n, Puerto Rican, atc.)		Black, White, atc. Specify:	n,
COMPLETED	(Specify only highest grade	completed)	(Give kind of life. Do NOT u	work done during mo se retired.)	ON osl of working		INESS/INDUS		
BE COM	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Melden			
0		r						ode)	
	t Burlel 2 ☐ Cremetion 3 ☐ Rem Donation 5 ☐ Other (Specify)	coval from State cen	netery, cremetory or o	y Redeem 22. NAME A Charl	er Cem 9. ND ADDRESS OF FA es S.Zei	-29-94 Bai	lto.,M	id.	
NO	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	acerebral ed	ema and consequence of heart fa	herniati fi: ilure	ode of dying, suc	h as cardiac or respi	atory srres	t, Approxima interval Be Onset and 1 day	tween Death
CERTIFICATION	if any, landing to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	coronary ar	tery dis	ease				10-15	yrs
PHYSICIAN: MEDICAL	h/o pulmonary em COPD, grand mal	bolism and d seizure diso	eep veno rder	us thron	bosis	PERFOR	MED?	AVAILABLE PRIOR T COMPLETION OF CO OF DEATH?	AUSE
SICIAL	EXAMINER?	HOSPITAL:	petient 3 \(\text{DOA}	OTHER:				<u></u>	
ВУ РНУ	1 Netural 5 Pending	28a. OATE OF INJURY	28b. TIN	IE OF 28c. IN.	JURY AT DRK?		JURY OCCUP	RED	
3	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spe	f — At home, Jerm, cify)	street, factory, offic	•		nd Number or	Rural Route Number,	
COMPLE	(Check only								sted.
10 BE	Jeffon D. H	endern	1	Drind)	29c. LICENSE NUN	MBER	29d. DATE S	IGNEO (Month, Day, Year)	
6	Jetfrey D. H 31. DATE FILED (Month, Day, Year) SEP 3 0 1994	enderer 32. REGISTRAR'S SIGN	MI) K	Sery Vier	i Med	ical Ceni	ter	Bull. MD	
	3 U 1337	John Dendem K	ndell						



BALTIMORE, MARYLAND 21215-0020

	Items10b,10c	,10e,	10f 10-1	3-94 F	FilmG71	.6 W.H.	Per F	/H					
	1 - FOR STATE REGISTRAR		STATE OF N	IARYLAN	D / DEPAR	RTMENT O	F HEALTI	H AND	MENT	AL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, A		Day	ennis	Wayne	Day			2. DAT	E OF DEATH	CY C	YEAR 244	3. TIME OF DEATH 7.00 AM M
	4. SOCIAL SECURITY NUMBER 214 54 405	R	5. SEX		rs. last birthday)	IF UNDER 1 YE		ER 24 HRS.	7. DAT	E OF BIRTH	1	8. BIRTHP	LACE (State or Foreign
	9a. FACILITY NAME (If not insti		1 M 2 F	44	YRS.	9b. CITY, TO				30 50	_	W.Va	1.
OR	Hopkins Bay	View		Cente	r		altim		EATH		9c. COUN	TY OF DE	ATH
DIRECTOR	RESIDENCE OF DECE	EDENT 10b, COUNTY			10c. CIT	Y, TOWN OR L	OCATION						10d, INSIDE CITY
	Md.	Balt	imore			ltimor	-	ndalk	ζ			- 1	LIMITS? YES 2 NO
FUNERAL	1228 Steel 2987 Yorkway	tọn A	renue				101. ZIP CO		1222-	-5357	10g. CITIZ	EN OF WI	HAT COUNTRY?
	11. MARITAL STATUS	11-100r	12. WAS DECEDEN	EVER IN U.S	S. ARMED	13. WAS	DECENDENT	OF HISPAI	NIC ORIG	ilN? (Specify Yes	or No—	14, RACE	- American Indian,
BY F	1 Never Married 2 M 3 Widowed 4 Divore		FORCES? 1 IF YES, GIVE W				YES 2 N			o Ricen, etc.)		Specify	White, atc.
	15. DECEI (Specify only it	DENT'S EDUC	CATION	16.	a. DECEDENT'S	USUAL OCCU	PATION		16	b. KIND OF BU	SINESS/INDI	Whit	e
티티	Elementary/Secondary (0-1)		College (1-4 or 5 +)	Weld	work done duringse retired.)	g most or wor	King		Stee	1		
COMPLETED	17. FATHER'S NAME (First, Midd				WCIG	<u> </u>	18. MC	THER'S NA	ME (First	, Middle, Malden			
BE 0	Harold R. Da							_		Bright			
2	19a. INFORMANT'S NAME (Typ Dorothy Day	e/Print)								mber, City or Tow			
	20a. METHOD OF DISPOSITIO 1 Burlal 2 Cremation 4 Donation 5 Other (S	N 3 □ Remo	oval from State	20b. PL	ACE AND DATE	OF DISPOSITIO	N /Name of		DA	TF 20c. LO	CATION C	Hry or Tow	n, State
	4 ♣ Donation 5 ☐ Other (S 21. SIGNATURE OF FUNERAL			Cr	estlaw	n Memor	cial E	ark	10-1	-94 M	ariot	tsvi	lle,Md
	► CV \.		0.3.1	٩		Cha	rles	S. Ze	eile	r & Sor			
H	23. PART I. Entar the disc	eases, Dr c	omplications that	caused th	e death. Do	62	24 Ear	sterr	AVE	e. Balt	O Mo	at.	Approximate
	ahock, or has IMMEDIATE CAUSE (Fina	art failure. I	List only ona cau	se on each	line.								interval Between Onset and Death
	disease or condition resulting in death))	Re	Lna	ta	ilur:	2_						
z			, H	E Da	HIC.	Paila	re						
ATIO	Sequantially list condition of any, leading to immedia cause. Enter UNDERLYIN	ata	DUE TO	OR AS A CO	NSEQUENCE O	F):							
FIC	CAUSE (Disease or Injury that Initiated evants		DUE TO	OR AS A CO	NSEQUENCE O	F):		-					
CERTIFICATION	reaulting in death) LAST	L.	cry!	toc	occa	1 me	ning	itis					
1 . 1	PART ii. Other algnificant	condition	s contributing to	daath but r	not resulting	in the under	ying cause	given in	Part I.	24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS
MEDICAL										1 TYES 2			COMPLETION OF CAUSE OF DEATH?
	DID TORACCO	IISE C	ONTDIDITE	TO 64	NICE OF	DEATH	VEC F	7 NO					YES 2 NO
PHYSICIAN:	DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER?			10 C	AUSE OF		YES [DEATH (Ch		one)			
YSIC	1 TYES 2 NO		HOSPITAL:			OTHER:		Rasidenca	6 🗆 Ott	her (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pe		28e. DATE OF (Month, Di		28b. TIN	JURY	INJURY AT WORK?	□ NO	28d. D	EŞCRIBE HOW I	NJURY OCC	URED	
ED BY	3 Suicide 8 Co	veatigation ould not be	28s. PLACE Of building,	F INJURY — /	At home, ferm,	atreet, factory,	office		281. LO	CATION (Street a	and Number	or Rural Ro	ute Number,
		termined											
COMPLET	(Check only		CIAN: To the beet of R: On the beele of as										and manner as stated.
ЕСС	296 SIGNATURE AND TITLE O							CENSE NUI					Month, Day, Year)
10 BI	the C. le	14	<u> </u>							V	▶ 9	/22/	194
	DO NAME AND ADDRESS OF F	PERISTON WHO	COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type	CTR.	í	2 ALT	111	ope -	7		
	31. DATE FILED (Month, Day, Ye	34	32. REGISTRA	R'S SIGNATU	RE	-117		J/TC]	1/4	ope -			
	02. 00.0		Charles to Who	an Ma	A Charles								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician.

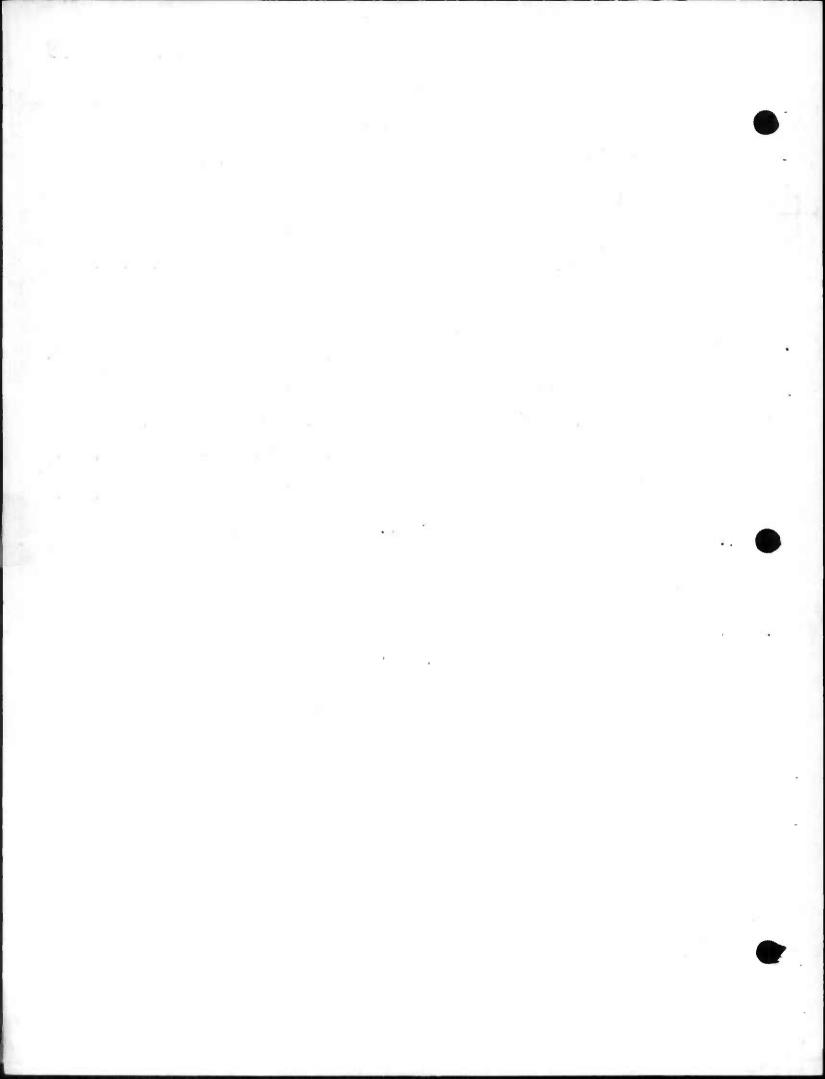
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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ŝ	death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
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TE ISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
INT'S NAME (First, Middle, Last)		2. DATE OF DEATH

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)		-			2. DATE OF DEATH		3. TIME OF DEATH
	RosA	\mathcal{M}	1)AVIS	5	MONTH O	AY YE	AR 11-32 PM
					UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign Country)
1	200 20 0957		72 YRS.	THE DAYS HO	URS MIN.	Aug. 9, 19	922 V	irginia
DIRECTOR	98. FACILITY NAME (If not institution, give stree SOUTHERN MAKE RESIDENCE OF DECEDENT	et and number)	pital (CITY, TOWN OR L	OCATION OF DI	EATH	PRIN	CE GEORGE
E C	10a. STATE 10b. COUNTY		10c, CITY, TO	WN OR LOCATION				10d. INSIDE CITY
	Maryland 100. STREET AND NUMBER		Fort	Washi:			10	1 AYES 2 NO
HA	4206 Flam St.				0744			of what country?
FUNERAL		2. WAS DECEDENT EVER IN U	J.S. ARMED			NIC ORIGIN? (Specify Ye		
	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, specify		in, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc.
ВУ	3 Widowed 4 Divorced			1 120 2	Zuro opeca	,.		Negro
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TON 19	6a. DECEDENT'S USU (Give kind of work	done during most of	workina	186, KIND OF BU	SINESS/INDUST	RY
Ë		College (1-4 or 5+)	Ille. Do NOT use ref.	fred.)			n Diele	7 - 1
MP	12		Federal					earch Lab.
	17. FATHER'S NAME (First, Middle, Last)	•				ME (First, Middle, Melder ret Mill		
BE	Joseph Cannady 19a. INFORMANT'S NAME (Type/Print)	/	Tab Manuac and		Marga			
임	Delicon Contract of March	annady				Houte Number, City or Tov		aryland 2074
	20s. METHOD OF DISPOSITION	205.0	LACE AND DATE OF DI			OATE 9 - 20c. LO		
	X Burial 2 Cremation 3 Ramova	if from State comet	ery, cremetory or other p	Natl	Cemet:	ery 12-94	√rrian	gle, Va.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE . A	10	22. NAME AND A	DORESS OF FA	CILITY	1202	White St
	· ambros	e W. Bo	rley	Bailey	Fune	ral Home	F/E	durg, Va.2240
	23. PART I. Enter the diseases, or con ahock, or heart failure. Lis	nplications that caused t	ne death. Do not a	intar tha moda	of dying, suc	h as cardiac or resp	iratory arrest.	Approximate
	IMMEDIATE CAUSE (Final	Only one cause on aac	n iine.				The state of the state of	Onset and Death
	disease or condition resulting in death) a	Pulmona	ry Ede	ma				Days
		DUE TO (OR AS A C		,				
Z	Sequentially list conditions, b.	Respon	ONSEQUENCE OF	ailuse				
Ĕ	If any, leading to Immediate cause. Enter UNDERLYING	OUE TO (OR AS A C	ONSEQUENCE OF	- D	00 -			
CERTIFICATION	CAUSE (Disease or Injury C	DUE TO (OR AS A C	Aster	702	Cash			
E	that Initiated events resulting in death) LAST	End St	ze Res	al A	7500	10		i
	a							
A.	PART II. Other significant conditions of	Λ		ne undarlying ca	usa givan In	Part I. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC		Anem				1 YES :	NO	COMPLETION OF CAUSE OF DEATH?
ME		Peptic	ulcer.	Disea	2ª-	_		1 TES 2 NO
PHYSICIAN:	DID TOBACCO USE CO	INTRIBUTE TO C	AUSE OF D	EATH YES	□ NO			
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	ОТ	26. PLACE THER:	OF OEATH (Ch	eck only one)		
₹	1 YES 2 NO 1	Inpetient 2 - ER/Outpati	lent 3 DOA 4 D	Nursing Home 5		6 Other (Specify)		
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	WORK?		28d. OEŞCRIBE HOW	INJURY OCCURI	ED
ВУ	2 Accident Investigation	26s. PLACE OF INJURY —	At home form stone		2 NO		- 111 - 1	
COMPLETED	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (Specify)	i, ractory, offica		281. LOCATION (Street City or Town, State		urai Houte Number,
J.E	29a. CERTIFIER CERTIFYING PHYSICIA	N: To the best of my knowled	ige, death occurred at	the time, data and	place, and due	to the cause(s) and ma	nner as stated	
MC								use(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				. LICENSE NUI			GNED (Month, Day, Year)
BE	muzzarava	MIRZA A	· 15 HIG X	ND "	D421	1	DATE SIL	- 6 - 5 C
٩	30. NAME AND AODRESS OF PERSON WHO C	OMPLETED CAUSE OF OEAT	H (ITEM 27) (Type, Prin	()	121			- / 4
1	MIRZA A. BAIG	M.D. 8924	Who Dy	ARDPOA	Clin	HON, MARY	LAND :	20735
	SEP 3 0 1994	32. REGISTRAN'S SIGNA	DRE		2007		-111/1/ 0	
	SEP 3 U 1994	TENO IN COMMENT	-					



	1	T. DEGESERY O TRANS.	imound, Edoty	Robert	Lee	Dunc	way				
	- 3	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE	(In yrs. last	birthday)	IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS.
_		219-07-458	6	1 M 2 D F	79	9	YAS.	MONTHS	DAYS	HOURS	MIN.
pinods		9e. FACILITY NAME (If not in	stitution, give s	treet and number)				9b. CIT	Y, TOWN	OR LOCAT	ION OF
2,3	DIRECTOR	200 Ashwoo	d Road	<u>d</u>					Du	ndal	k
020 physician. burial-transit permit. Pages 1,	<u>교</u>	10e. STATE	10b. COUNTY	7			10c. CITY	, TOWN	OR LOCA	TION	
F. Pag	뚬	Maryland		Baltimo,	re						DL
E	¥	10e. STREET AND NUMBER							10	1. ZIP COD	E
ansit	FUNERAL	200 Ashwoo	d Road	1							212
20 nysicia	2	11. MARITAL STATUS 1 Never Married 2XX	Merried	12. WAS DECEDED FORCES?	T EVER I	N U.S. ARI 2 🔼 N		13.		CENDENT (
BALTIMORE, MARYLAND 21215-0020 strong death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the bunal-trangal examiliner must be notifiled at once.	à	3 Widowed 4 Divo		IF YES, GIVE	MAR OR D	ATES			1 TYES	2 NO	Spec
r attend			EDENT'S EDU			16e. DE0	CEDENT'S	USUAL C	CCUPATI	ON	1
212 al or us for us		Elementary/Secondary (0		College (1-4 or 5	+)	life.	ve kind of w Do NOT use	e retired.)	ouring mo	OST OF WORK	ng
YLAND 2: by the hospital of detached for at once.	COMPL	10th Grade					Chipp	er			
LA the tone	႘	17. FATHER'S NAME (First, M									HER'S N
RYL bed by ould be	H	Frank Earl		vay		101	. MAILING	400BE6	0 (0)		thel
MARYLAN retained by the hos 5 should be detach notified at once.	임	Lelia Duna				190				Road	
BALTIMORE, I ter death. Page 6 may be the funeral director, page 9 mail examiner must be n		20g. METHOD OF DISPOSITI			206	. PLACEA	NDDATEO	F DISPO	SITION / N		ıı
Page 6 mail director, p		1 ☐ Burlel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other	n 3 ⊔ Rem (Specify)	oval from State	cen	lolli	natory or oth	ler plece	em.	Pk.	10/0
death. Pag death. Pag e funeral dir al.		21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE				22	NAME A	ND ADDRE	SS OF I
BALT after death. by the funeramoval.		> Cohns	u h.	Della						-Rucl Wise	
aft aft		23. PART I. Enter the di	seases, Dr	complications the	et ceuse	d the de	eth. Do n	ot ente	r the mo	ode of dy	ing, su
3 o d i		IMMEDIATE CAUSE (Fin		Liet Dnly one ce	uee on e	ech line.	1		, /		
LECORDS, P.O. BOX 68760 ulites that the death certificate be executed within as it signed by the attending physician and completely fille Health and Mental Hygiene prior to burial, cremation, was any Injury, or other traumatic event, the		disease or condition resulting in deeth)	→	· Mult	ple	He.	pata	¿ 5	1 4	mph	D
760 ad wit omple if, cre	1			DUE TO	OR AS	CONSE	UENCE OF	1/20	. /	1	1
RECORDS, P.O. BOX 68760 requires that the death certificate be executed within sen signed by the attending physician and complete of Health and Mental Hygiene prior to burial, crema shows any Injury, or other traumatic event,	Z O	Sequentielly list conditi	ons,	b. OHE TO	MASA	CONSEC	VENCE OF	We.	Jose	esc	4
O X B be a pe a pe a pe a pe a pe a pe a pe a	CERTIFICATION	If any, leading to immed ceuse. Enter UNDERLYI		302 10	(on no n	· conoco	yence or	,.			
tificate plays on plays	드	CAUSE (Diseese Dr inju thet initieted events	ry	DUE TO	(OR AS A	CONSEO	UENCE OF):			
P. C		resulting in death) LAS	T	d,							
S, se dea Menta Menta Menta Iluny,		PART II. Other significe	m condition	s contributing to	deeth b	out npt re	eulting I	n the u	nderivin	a cause	given i
ORC that the day and and limy lin	EDICAL	COP	D						,		
RECORDS, P.O. BOX requires that the death certificate be signed by the attending physician of Health and Mental Hygiene pnor in thows any injury, or other traustricks.											
St. of Sec.	ž	DID TOBACCO U	SE CONT	RIBUTE TO CA	AUSE C	F DEAT	TH YE	s 🗆	NO E	3 UNC	CERTA
FAL The law te has t ite Dept	PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?					E OF DEAT	H (Check	only one)		
CIAN: The State to the State or item		1 🗌 YES 2 🗩 NO		HOSPITAL:	ER/Outp	ettlent 3	□ DOA	OTHE 4 Nu	R: rsing Hon	10 5 ETA	esidence
ON OF VITAL I	표	27. MANNER OF DEATH	Pending	28a. DATE Of (Month, L			28b. TIME INJU	JRY	WC	JURY AT DRK?	
ON OF ING PHYSI After this c leath with imarked,	à	2 Accident	nvestigation	200 DI ACE (SE IN HIEV	Alba		M	1 🗆		NO
Se ffer OBR:	3		Could not be datermined	28e. PLACE (building	etc. (Spec	cify)	ne, tarm, si	treet, tac	tory, ome	: e	
DIV.	<u> </u>	29e. CERTIFIER									-
	COMPLET	(Check only		CIAN: To the best of a							
	- 11	29b. SIGNATURE AND TITLE					3-11-01	1	,	29&LIC	
	n	Larry	1	71	lle	ly	M	11		2500	11/
263₹	2 ∦	30. NAME AND ADDRESS OF	ERSON WH	O COMPLETED CAU	SE OF DE	ATH (ITEN	27) (Type,	Print)	0		11
	10		- A 1		/		11		/ /		

SAREGISTRAN SIGNATIVE

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH - DECEMENT'S NAME /First Middle Leat 2. DATE OF DEATH DAY Sept. 27, 3. TIME OF DEATH 1994 YEAR 7. DATE OF BIRTH (Month, Day, Year) 06/14/1915 S. BIRTHPLACE (State or Foreign Country) Virginia DEATH 9c. COUNTY OF DEATH Baltimore 10d. INSIDE CITY LIMITS? undalk 1 YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? 222 United States ANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. Ican, Puerto Ricen, etc.) cify: Specify: White 16b, KIND OF BUSINESS/INDUSTRY Bethlehem Steel Corp. NAME (First, Middle, Maiden Surname) Ann Sorrell al Route Number, City or Town, State, Zip Code) Dundalk. Maryland 21222 20c. LOCATION — City or Town, State DATE 01/94 Middle River. MD ACILITY uneral Home of Dundalk, Inc. De. Dundalk MD 21222
uch es cerdiec or respiratory arrest, Approximate interval Between Onset and Deeth in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 JANO 1 TYES 2 NO NN 🗆 s Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) ue to the cause(s) end manner as atated. ha time, date end placa, and due to the ceuse(s) end menner es stated. 29d. DATE SIGNED (Month, Day, Year) UMBER 25 28 ad Noeth to, WILD 1/3ALTIMOLE

Walter State Front

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	S	TATE OF MAR	YLAND /	DEPARTMENT OF THE PERTURE	MENT OF I	EALTH AND I	MENTA	L HYGIENI			
	LIAM	EDWARD) D	ORRELL				tember	28,1	99 4 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 219–12–6577	X	X M 2 □ F	GE (In yrs. les	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	Apr	OF BIRTH (th, Day, Year)	1925	Mary	
Fallston Ger		ospital		91	Fallst	OR LOCATION OF DE	EATH			ford	н
RESIDENCE OF DECE	DENT 06. COUNTY			10c. CITY, T	OWN OR LOCA	TION				100	1. INSIDE CITY
Maryland	Harford	d		At	oingdor					1[LIMITS? TES 2XXNO
202 B White	Oak Cou	urt			10	21009				S.A.	COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Ma 3 Widowed 4 Divorce		WAS DECEDENT EVE FORCES? XX Y IF YES, GIVE WAR O	ES 2 P	MED 10	If yea, ap	CENDENT OF HISPAN Hecity Cuban, Mexica 3 2 NO Specify	n, Puerto	N? (Specify Yea Rican, etc.)	or No—	Black, WI	American Indian, hita, atc. White
15. DECED (Specify only h	ENT'S EDUCATIO	DN oleted)	(G	ive kind of worl	UAL OCCUPATI		16	b. KIND OF BUS	INESS/INDU	STRY	
Elementary/Secondary (0-12) Co	llege (1-4 or 5+)		irefig	,			Baltim	ore C	itv F	ire Dept.
17. FATHER'S NAME (First, Midd	le, Last)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	18. MOTHER'S NA				703 1	The bept.
Albert		ward		Dorrel		Viola				Kesti	ng
Mrs. Ada W.		1	191		as #10	and Number or Rural I	Route Nun	nber, City or Town	, State, Zip (Code)	
20e, METHOD OF DISPOSITION	3 🗆 Removal t		20b. PLACE A	ANDDATEOF	DISPOSITION (N.		0/94	TE 20c. LOC		lty or Town,	
21. SIGNATURE OF FUNERAL S						ND ADDRESS OF FA				-	
Paul Z.	Hart	roch, Jr.			Leona	rd J. Ru	ck,I	nc. 53	305 H	arfor	d Rd.
23. PART I. Enter the dise shock, or hear IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	rt fallura. Liat	DUE TO (OR A	sclo	roter		de of dying, such			4		Approximate Interval Between Onset and Daeth
Sequentielly liat condition if any, leading to immadis cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST	ita	DUE TO (OR A			-						
PART II. Other significent	conditiona co	ntributing to daet	h but not r	esulting in t	the underlyin	g cause given in	Part I.	24a. WAS AN A PERFORE	WED?	COL	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
DID TODA GGO LIGHT									/1	1 [YES 2 NO
DID TOBACCO USE		JTE TO CAUSE			Check only one)	UNCERTAIN	<u>и П</u>	l			
EXAMINER?		SPITAL:		0	THER:	ne 5 🗆 Raeldenca	8 🗆 Othe	er (Specify)			
27. MANNER OF DEATH		28a. DATE OF INJUI (Month, Day, Yea	RY	28b. TIME O	F 28c, IN,	JURY AT		SCRIBE HOW IN	JURY OCCL	IRED	
2	nding eatigation	20- 81 505 05 (814	APPAN A. A.		M 1 🗆						
	uld not be ermined	28e, PLACE OF INJU building, etc. (\$	Specify)	me, tarm, stre	et, factory, offic	•		CATION (Street as or Town, State)	nd Number o	r Rural Route	Number,
200		To the best of my ki									d manner en stated.
296. SIGNATURE AND TITLE OF	1. Col	let h.D	y Ma	light l	formie	29c. LICENSE NUN					nth, Day, Year)
RICHARD	J. Co	LFER,	MP:	(127) (1/µµ, Pri	201	3 TRAPA	PE NG	ENREB	MAR	AD YLAN	21034
SED 9 0 1994	4 1 0 1	P. REGISTRARY OF	GNATURE								7.0



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		STATE OF N		UEPAI ERTIF					MENI	AL HYGIEN REG. NO.	Ŀ		
į	1. DECEDENT'S NAME (First, Min	ddle, Last)									E OF DEATH		3	3. TIME OF DEATH
	Gordon	n Cl	nilcoat	E	NSOR					9	729/94	NY.	YEAR	8:47 am. m
1	4. SOCIAL SECURITY NUMBER	. 5	SEX	6. AGE (In yrs.	last birthday)	IF UNDE		IF UNDER		7. DAT	E OF BIRTH		6. BIRTHPI	LACE (State or Foreign
į	216-16-5465		M 2 □ F	72	YRS.	MONTHS	DAYA	HOURS	MIN.		1. 16,	1922	MARY:	
	9a. FACILITY NAME (If not institu	ution, give stree	t and number)			9b. CIT	y, TOWN	OR LOCATI	ON OF D				NTY OF DEA	
ı	FRANKLIN SQUA		SPITAL			BA	LTIM	IORE				Balt	timor	e
ı	RESIDENCE OF DECEL	DENT b. COUNTY			100 017	Y, TOWN	001004	TION	_				Т.	
۱					100, 011	T, TOWN	OH LOUA	IJON					100	IOd. INSIDE CITY LIMITS?
ı	MARYLAND 100. STREET AND NUMBER	BALT	LMORE			PHOE		1. ZIP CODI				I som CITI		YES 2 NO
	4100 HEROE HE		-				- 12			_		log. Citt		
	4100 HEDGE HI		2. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DE		2113		IN? (Specify Yes	or No.		SA - American Indian.
	1 Never Merried 2 📉 Me		FORCES? 1.	YES 2 AR OR DATES	NO	- 1 - 5	If yee, ap	ecify Cube	n, Mexico	n, Puerto	Rican, etc.)		Black, Specify:	White, atc.
	3 Widowed 4 Divorce	d		MMII				Х.	opco					WHITE
۱	15. DECEDE (Specify only hig	ENT'S EDUCAT ghest grade cor	TON mpleted)	0.1	DECEDENT'S (Give kind of	work done	during me		ia	16	b. KIND OF BUS	SINESS/IND	USTRY	
ı	Elementery/Secondary (0-12)) (College (1-4 or 5 +)	OFFTC	,		מי				CIII	OTT	00 PP
I					OFFIC	L PIA	MAGE						OIL	CORP.
	17. FATHER'S NAME (First, Middle GEORGE	u. Lest) HILCO?	ጥ	ENSOR				1		ME (First,	Middle, Meiden	Sumame) ERCE	CH.	ILCOAT
	19e. INFORMANT'S NAME (Type)					ADDRES	P /Cemat				mber, City or Tow.			THOOM!
	ORADELL ENSOR										DENIX,			
	20e. METHOD OF DISPOSITION			20b. PLAC	E AND DATE	OF DISPOS	SITION (N	ame of		DA	TF 20c, LO	CATION —	City or Town	n. State
	Selection 2 Cremation 4 Donation 5 Other (Se	3 🗌 Remova	I from State	CLYNM	rematory or c	cher place)	RCH	CEM.		10/1	L/94 PH		•	•
	21. SIGNATURE OF FUNERAL SI	ENICE LICEN	JOHN	E. DOI	AN	22.	NAME A	ND ADDRES	SS OF FA	CILITY				
	Sala &	- 4	low	61							RAL HOM DWSON, M			
1	27. PART I. Enter the dise	aaas, or con	nplications that	caused tha	daath. Do	not enter	tha mo	de of dvi	ng. suc	h aa ca	rdiac or respi	ratory arr	LZU4	Approximete
ı	shock, or hear	t fallura. Lis	t only one cau	aa on aach II	na.					1172		atory and		Interval Batween Onset and Daath
I	iMMEDIATE CAUSE (Final disease or condition		Uros	epsis										3 days
ı	reaulting in death)	a		OR AS A CONS	SEOUENCE O	F):			_					Jays
ļ	A SOUTH THE TAXABLE STATES	Ь, _	Alzh	eimers	Disea	se								5 years
Ì	Sequentially list conditions if any, leading to immediate	ta	DUE TO	OR AS A CONS	EOUENCE O	F):								
I	Cause. Entar UNDERLYING CAUSE (Disease or Injury	C	PUE TO	OR AS A CONS	EQUENCE O	5								
	that initiated events reaulting in daath) LAST		DOE 10	(ON AS A CONS	EUUENCE U	r):								li .
		d												İ
	PART II. Other aignificant		ontributing to	death but no	t reaulting	In the ur	nderiyin	g causa g	jiven in	Part i.	24a. WAS AN PERFOR			VERE AUTOPSY FINDINGS
	Polycythemia	a Vera									1 TYES 2	™ NO	C	OMPLETION OF CAUSE OF DEATH?
										_			1	☐ YES 2 ☐ NO
	DID TOBACCO USE		BUTE TO CA					JUNC	ERTAI	ИП				
	25. WAS CASE REFERRED TO M EXAMINER?	H	OSPITAL:		ACE OF DEA	OTHE	R:		Operation .					
	1 YES 2 XNO	1.	X Inpetient 2 28e, DATE OF		3 U DOA 28b. TIM			URY AT	eldence		er (Specify) ESCRIBE HOW II	HIRV OCC	HIRED	
l	1 Natural 5 Pen		(Month, De	ly, Year)	IN.	JURY M	WC	PRK? YES 2	NO	200. 01	SCHIBE HOW II	100111 000	ONED	
ı	2 Cutate	stigation	28a. PLACE OF	F INJURY — At	home, term,	street, fact	_			281. LO	CATION (Street a	nd Number	or Rurai Rou	ite Number,
	- 000	rmined	building,	etc. (Specify)						Cit	y or Town, State)			20,000
ı	29e. CERTIFIER 1 XCERTIFY	ING PHYSICIA	N: To the beat of	my knowledge.	death occurr	ed at the t	Ime, date	end place	and due	to the co	use(e) end men	ner en etet	ed.	
I														and manner ee stated.
ľ	29b. SIGNATURE AND TITLE OF	CERTIFIER	n 1	# <i>11/1/1/1</i>	1111	11		29c. LICE	NSE NUI	ABER		29d. DATE	E SIGNED (M	fonth, Day, Year)
	L'WHEELE?	, Mick	D. U	1 LICE	Kly	K		D42	083				/29/9	
ľ	30. NAME AND ADDRESS OF PE	HSON WHO C	OMPLETED GAUS	E OF DEATH (IT	EM 27) (1/pe	Print)		0000		4				1007
	G. Wheeler, M	M.D. 9		7.772	quare	Dri	.ve	9000	Fra	ankl	in Squa	re D	r. 2	1237
	"SEP 3 0 1997	4 Jah	3 A EGISTRA	RIS GIVE TURE										

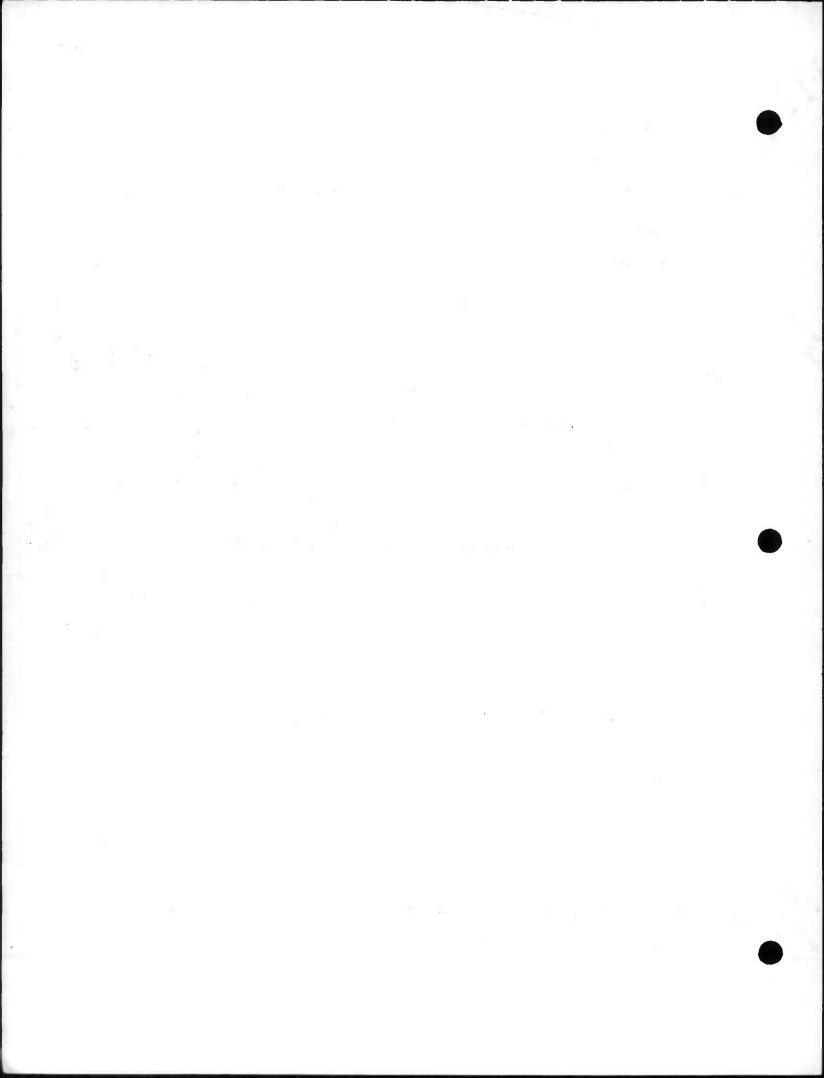
SALES DE MEDICA

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Heatth and Mental Hyglene prior to burial, cremation, or removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		CERT	IFICAT	E OF	DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)			*			2. DATE OF DEATH			3. TIME OF DEATH
	Joseph V. Eder						09-29-	9 4	YEAR	1:55 Pm
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birth	day) IF UND	ER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		6 BIRTH	IPLACE (State or Foreign
	218-10-3246	1 🔀 M 2 🗆 F	74 vi		-	HOURS MIN.	(Month. Day. Year) 02-25-2	0	Countr	nyland
	9a. FACILITY NAME (If not institution, give str	,		9b. CI		OR LOCATION OF OR	EATH	9c. CO	UNTY OF D	EATH
DIRECTOR	418 Oriole Avenue	e			Ba	ltimore			Balt	imore
ĕ	10a. STATE 10b. COUNTY		100	. CITY, TOWN	OR LOCAT	TION				10d. INSIDE CITY
	Maryland Bax	ltimore			Ba	ltimore				LIMITS? 1 X YES 2 X NO
FUNERAL	418 Oriole Avenue				101	2122L	·	10g. CI		NNAT COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEOENT	EVER IN U.S. ARMEO	13	. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Ye	a or No-	14. RACE	E — American Indian, k, Whita, atc.
B₹	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA	YES 2 NO R OR DATES		If yes, sp		n, Puerto Ricen, etc.)		Specia	
즲	15. OECEDENT'S EDUC (Specify only highest grade of	ATION	16a. DECEOE (Give kin	NT'S USUAL d of work don	e during mo	ON ost of working	16b. KIND OF BU	ISINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do N	ot use retired.)	•	Cons	tru	ctio	n
O	17. FATHER'S NAME (First, Middle, Last)				-	16. MOTNER'S NA	ME (First, Middle, Meider	Sumamel		
BE C	Earle I. Eder						ta Macha	,		
	19a. INFORMANT'S NAME (Type/Print)		19b. MA	LINO AOORE	SS (Street a	and Number or Rural F	Route Number, City or Tox	vn, State, 2	(ip Code)	
2	Mrs. Rose C. E	Eden	4	18 01	riol	e Ave.	Balto., M	d.	2/22	4
	20s METHOD OF DISPOSITION 1 ② Burlal 2 □ Cremation 3 □ Ramo	val from State	20h PLACEANDO	ATEGEDISE	SITION /A/s	omo of	0ATE 200 10	CATION	City or To	was State
	4 Oonation 5 Other (Specify)		garde	ns 01	Fa	ith Cem	.10/3 Ba	Lto	., Md	•
1	21. SIGNATURE OF FUNERAL SERVICE LICE	PHISEE //	/	1 22	NAME AL	NO ADDRESS OF EAC	CH ITV			
	pay /	mith		7	527	Hankon	Len Fune d Rd. Ba	Ito	Md	. 21234
	23. PART I. Entar the diseeses, or conshock, or haert fallure. L	omplications that	caused the death.	Do not ante	r tha mo	de of dying, suc	h aa cardlac or reap	iratory a	rreat,	Approximate
	IMMEDIATE CAUSE (Final	rst only ona ceus	e on aech line.							Onset end Daath
	disease or condition resulting in death)	4	atic Canc		metas	tasis to	liver			5 months
		OUE TO (C	OR AS A CONSEQUEN	CE OF):						
CERTIFICATION	Sequentially list conditions,	DUE TO (C	OR AS A CONSEQUEN	CE OF1:						
AT	if any, leading to immediate ceuse. Enter UNDERLYING			,						j
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (C	OR AS A CONSEQUEN	CE OF):						7103
F	resulting in death) LAST									
<u></u>	PART II. Other significent conditions	contributing to d	leath but not requit	Ing in the I	ınderiyin	n ceuse alven in	Part i. 24a. WAS AF	LAUTODEN		WERE ALTOPON FRANCIS
DICAL		continuoting to c	really but not resum	ing in the t	riderryin	y cause given in	PERFO	RMED?	240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
141 16							1 YES	≥ 🔀 NO		DF OEATH?
Σ	DID TOBACCO USE C	ONTPIRITE	TO CALISE	OE DEA	TLI V	ES D NO				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	OITIKIBUIL	TO CAUSE	OF DEA		ACE OF DEATH (Che				
띯	EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆 Do	OTHE	R:					
Ĭ	27. MANNER OF OEATN	28a. OATE OF II		TIME OF	28c. INJ	URY AT	28d. OESCRIBE NOW	INJURY OF	CCUREO	
	1 Natural 5 Pending	(Month, Day		INJURY M	WO	PRK?	200. OLOGINDE NON		SCONEO	
BY	2 Accident Investigation 3 Suicide 8 Could not be	26a. PLACE OF	INJURY — At home, for	irm, street, fe			28f. LOCATION (Street		er or Rural F	Route Number,
COMPLETED	4 Nomicide datarmined	bullaing, e	tc. (Specify)				City or Town, State	,		
ا ڌ	29e. CERTIFIER (Check only 1 CERTIFYING PNYSIC	IAN: To the best of m	ny knowledge, desth o	curred at the	time, data	and place, and due	to the cause(a) and me	nner en st	sted.	
M	one) 2 MEDICAL EXAMINER									a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUN	IBER	29d. DA	TE SIGNED	(Month, Day, Year)
BE	Notro		_			/>	1450	•	9/	29/17
2	30. NAME AND ADDRESS OF PERSON WHO Mohamed Al-Ibrahir	COMPLETED CAUSE	OF DEATH (ITEM 27)	(Type, Print)	Stree		more, MD	2120	01	
				-		, 50,01				
	SEP 3 0 1994	32. REGISTRAR	S SIGNATURE							



ITEMS: 23 PART I, 25.26.27.29a, 30. PER DR. DILM G-722 4/13/95 t.t

The Mouleon Resolutions

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH МОНТН 655 A HAMES 1 HAUTT 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTN 8. BIRTNPLACE (State or Foreign Country) DAYS HOURS 212-07-9327 1 XM 2 - F 88 YRS SEPT.23,1906 MARYLAND 9s. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ST. AGNES HOSPITAL BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 37 MARYLAND BALTIMORE **ARBUTUS** 1 YES 2 NO FUNERAL 10a STREET AND NUMBER 10t. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1236 CIRCLE DRIVE 21227 U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—
It yes, specify Cubun, Mexicen, Puerto Ricen, etc.)
1 YES 2 X NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES X 1 Never Married 2 Married BY Specify: 3 🖟 Widowed 4 🗌 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) SELF-EMPLOYED 6 YRS ATTORNEY 17. FATHER'S NAME (First, Middle, Last, 18. MOTHER'S NAME (First, Middle Maiden Surname) CAMPBELL FLAUTT NELLIE TIMANUS BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 7121 RIVERS VIEW COURT - COLUMBIA, MD. 21044 NANCY L. PORCIELLO 20e. METHOO OF OISPOSITION

1X Burtel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE COUDON PARK CEMETERY 10/1 BALTIMORE ☐ Donation 5 ☐ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. Tlea oleman 4107 WILKENS AVENUE-BALTIMROE, MD. 21229 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition 2 weeks WA MULTIPLE /a/FAREN DSUCCEPTED resulting in death) DUE TO (OR AS A CONSEQUENCE OF) evy DUE TO (OR AS A CONSEQUENCE OF): SCh Sym IM CERTIFICATION Sequentially list conditions, If any, leading to immediate . Enter UNDERLYING AULINEM EINBULINA CAUSE (Disease or Injury that initiated events resulting in death) LAST SIVAL PART II. Other algnificant conditions contributing to death but not reaulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 1 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) HOSPITAL:
11 inpatient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 XNO 4 - Nursing Homa 5 - Residence & - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, 3 Suicide 8 Could not be determined 4 Homicide COMPLET 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end menner ea stated. 2 MEDICAL EXAMINER: On the end/or investigation, in my opinion, death occured at the time, date and piece, end due to the ceuse(s) end menner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year, BE NESS OF PERSON WING COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 JOHN H. SHAW M.D.

requires that the death certificate be executed with DIVISION OF VITAL RECORDS, AP. AL OR ATTENDING PHYSICIAN: The law
AL DIRECTOR: After this certificate has
2 hours after death with the State Dep
1 liem 28 is marked, or item 23

P.O. BOX 68760.

Pages 1, 2, 3 should

nay be retained by the hospital or attending physician. page 5 should be detached for use as the burial-transit permit.

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BALTIMORE, MARYLAND 21215-0020

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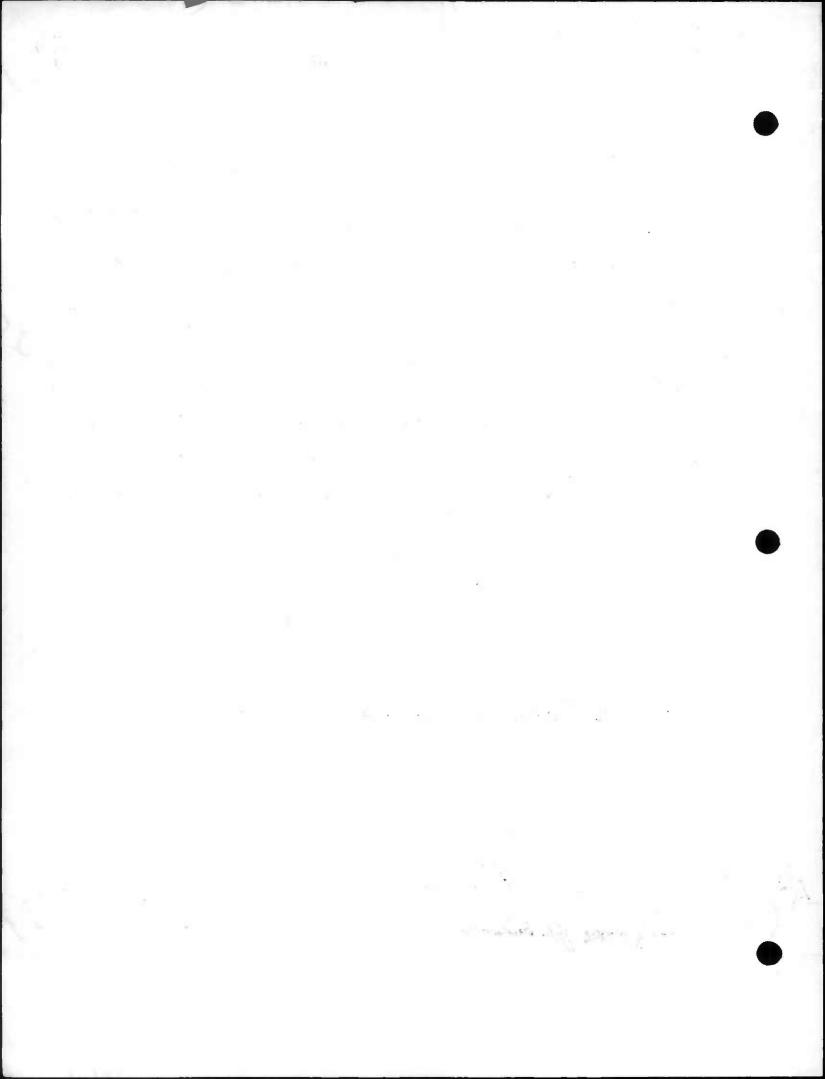
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1 - FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		IENTAL HYGIEN REG. NO	E		
		ABETH HNAT				2. DATE OF DEATH DATE OF SEPT. 28	1994	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-14-0726	1 □ M 2 🖾 F 8	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) NOV . 30, 190)5	Country) BALTO	ACE (State or Foreign
TOR	98. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH BON SECOURS EXTENDED CARE ELLICOTT CITY HOWARD								
DIRECTOR	10a. STATE 10b. COUNT	y JARD	10c. CIT	Y, TOWN OR LOCA ELKF	TION RIDGE			100	d. INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	100. STREET AND NUMBER 5882 MONTGOMERY	ROAD		101. ZIP CODE 10g. CITIZEN U.S					T COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 V NO	If yes, sp	ENDENT OF HISPANI ecity Cuban, Maxican 2 NO Specify:	C ORIGIN? (Specify Yat , Puarto Rican, etc.)	or No— 1	Specify:	American Indian, /hita, atc.
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12) 6TH GRADE	CaTiON o completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOMEMAKER			16b. KIND OF BUS			
E COMPL	17. FATHER'S NAME (First, Middle, Last) WALTER HICKENBOT	HAM	HOHEMA	KEK	TER HOMEMA 18. MOTHER'S NAME (First, Middle, Melden St. ALICE M.				
TO BE	19a. INFORMANT'S NAME (Type/Print) RAYMOND A. HNAT				and Number or Rural Ro	oute Number, City or Tow		212	227
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	S	OATE 20c. LO	CATION — CH	fy or Town,	State			
	21. SIGNATURE OF POWERAL SERVICE LI	TH		HUBBAN 4107 V	VILKENS A	L HOME, IN VENUE-BALT	IMORE	, MD	21229
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finei disease or condition resulting in death) Due to (or as a consequence or):								
ERTIFICATION									
MEDICAL C	PART II. Other significant condition	ns contributing to death be	ut not resulting i	n the underlying	g cause given in P	art I. 24s. WAS AN PERFOR	MED?	COL	ERE AUTOPSY FINOINGS AILABLE PRIOR TO IMPLETION OF CAUSE DEATH? YES 2 NO
SICIAN:	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CONTRIBUTE TO	CAUSE O	26. Pt	YES NC				
/ PHYSI	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	TIME OF 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCUREO INJURY OCCUREO					
TED BY	2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Speci	— At home, farm, a	M 1 YES 2 NO reel, factory, office 28f. LOCATION (Street and Number or Ru City or Town, State)			Rural Route	Number,	
OMPLET		ICIAN: To the best of my knowle							ed manner as stated.
Dag o	96. SIGNATURE AND TITLE OF CERTIFIE				301171		29d. DATE 5	SA /	Day, Year)
	DR. HARRY A. OKEN	O COMPLETEO CAUSE OF 1961	EICOTT PR 60 ELLIC	Print) IDGE PRO OTT CENT	FESSIONAL ER DRIVE	L CENTER - SUITE 1	.03-E.	C N	D 21042
	SEP 3 () 1994	A BEARINA E SIGN	PRE						

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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4. SOCIAL SECURITY NUMBER 219–18–3713

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	9a. FACILITY NAME (If not institution, give stre	eet and number)		9b.	CITY, TO	WN OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATI	н
OR	Meridian Nursing C	enter Fran	nklin	Woods	Ros	sedale		Ba1	timo	re
ည္က				I 100 CITY TO	WALOR LA	CATION			- 10	
E										d. INSIDE CITY LIMITS?
		ore		Balti	Lmore					YES 2 X NO
3A						101. ZIP CODE		10g. CITIZEN	OF WHAT	COUNTRY?
ij	5700 East Avenue					21206		U.S	S.A	
5					13. WAS	DECENDENT OF HISPAN	IC ORIGIN? (Specify Yea	or No- 14.	RACE -	American Indian,
		IF YES, GIVE WAR	OR DATES	`					Snecify:	
		-								White
=	(Specify only highest grade of	ompleted)	/(Give kind of work of	done during	PATION g most of working	16b. KIND OF BUS	SINESS/INDUST	TRY	
٦		College (1-4 or 5+)			,		G. W.			
×				Chila (Jare					
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BE										
			1						de)	
	Marianne Harant			8621 Wi	ndir	ng Way Perr	y Hall Md	21128		
	20s. METHOD OF DISPOSITION 1 ☑ Burtel 2 ☐ Cremetion 3 ☐ Ramov	ral from State								State
	4 Donation 5 Dother (Specify)		Holy	Redeeme	er Ce	emetery	10/1/94	Balto.	MD	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	1		22. NAM	E AND ADDRESS OF FAC	The Dip	pel Fu	neral	Home
	> manles & LA	uppel 81	7							
		mplications that on	uned the d	anth Do not a					_	
	shock, or heart failure. Li	ist only one cause of	on sach lin	e.	nter the	mode of dying, such	i aa cardisc or reapi	ratory arrest	•	Approximate Interval Between
	IMMEDIATE CAUSE (Final	CVA								Onset and Deat
	resulting in death) a.	- Ad1.								
		DUE TO (OR	AS A CONSE	OUENCE OF):					l	
N	Sequentially list conditions.									
Ĕ	if any, leading to immediate	DUE TO (OR	AS A CONSE	OUENCE OF):					ł	
2	CAUSE (Disesse or Injury C.	DIE TO (OR	10 1 00000	allever on						
Ē		DOE 10 (OR	AS A CONSE	OUENCE OF):					i	
E I	d.									
	PART II. Other significant conditions	contributing to das	th but not	resulting in th	e underl	ying cause given in i	Part i. 24a. WAS AN	AUTOPSY	24b. WEI	RE AUTOPSY FINDINGS
CA							PERFOR	IMED?	AVA	ILABLE PRIOR TO MPLETION OF CAUSE
							1 YES 2	□ NO		DEATH?
	DID TODA CCO LICE CONTROL				7				1 [YES 2 NO
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<u>S</u>	EXAMINER?			ОТ		one)				
ΥS					_					
F				28b. TIME OF INJURY	-	WORK?	28d. DESCRIBE HOW II	JURY OCCUR	ED	
À	2 Accident Investigation									
	3 Suicide 8 Could not be	28e. PLACE OF IN. building, atc.	JURY — At he (Specify)	ome, tarm, street	, factory, o	office	281. LOCATION (Street a City or Town, State)	nd Number or F	Rural Route	Number,
	• I nomicios detarmined									
2	29a. CERTIFIER 1 CERTIFYING PHYSICI.	AN: To the best of my i	knowledge, de	eath occurred at	the time,	data and place, and due	lo the cause(s) and man	ner as stated.		
N N									nuse(s) and	d manner ee stated.
	29b. SIGNATURE AND TITLE OF CONTINUE	0 -				20- LICENCE MUN	nen I	204 2475 6	OMED AL	
	8. 295-	- 4.5)			3300	8	■ 9 7		
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	E DEATH ATE	M 27) /5	1	11 3009	U •	- 1	0177	1.
			,			ono Man-1	and 21224			
	noward Goldman Mo	1. /030 Be	rair	коад ва	ILLIM	ore, Maryl	and ZIZ30			
	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO B	Meridian Nursing C RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD Baltim 10c. STREET AND NUMBER 5700 East Avenue 11. MARITAL STATUS 1 Mever Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUC. (Specify only highest grede of Elementary/Secondary (0-12) 12 Years 17. FATHER'S NAME (First, Middle, Last) John Harant 19a. INFORMANT'S NAME (Type/Print) Marianne Harant 20a. METHOD or DISPOSITION 1 Method or DISPOSITION 1 Method or DISPOSITION 21. SIGNATURE OF FUNERAL SERVICE LICE MARIAL STATUS 22. PART 1. Enter the diseases, or conshock, or heart fallure. Limitated events resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DID TOBACCO USE CONTRIBLY CAUSE (Disease or Injury that initiated events resulting in death) LAST DID TOBACCO USE CONTRIBLY CAUSE (Disease or Injury that initiated events resulting in death) LAST DID TOBACCO USE CONTRIBLY CAUSE (Disease or Injury that initiated events resulting in death) LAST DID TOBACCO USE CONTRIBLY CAUSE (Disease or Injury that initiated events resulting in death) LAST DID TOBACCO USE CONTRIBLY CONTRI	10e. STREET AND NUMBER 5700 East Avenue 11. Marital Status 12. Was Decedent in Forces? 13. Widowed 4 Divorced 15. Decedent's Education (Specify only Highest grade completed) 15. Decedent's Education (Specify only Highest grade completed) 12. Years 17. Father's Name (First, Middle, Last) 19a. INFORMANT'S NAME (Pype/Print) Marianne Harant 19a. INFORMANT'S NAME (Pype/Print) Marianne Harant 20a. METHOD OF DISPOSITION 1 Sevinal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Marianne Harant 23. PART I. Enter the diseases, or complications that ca shock, or heart fallure. List only ons cause of the shock of the shock of the shock of the shock of the shock of the shock	Meridian Nursing Center Franklin RESIDENCE OF DECEDENT 106. COUNTY MD Baltimore 106. STATE 106. COUNTY MD Baltimore 106. STATE 106. COUNTY MD Baltimore 106. STATE 106. COUNTY MD Baltimore 106. STATE 106. COUNTY MD Baltimore 106. STATE 106. COUNTY MD Baltimore 106. COUNTY MD Baltimore 106. COUNTY MD Baltimore 106. COUNTY MD Baltimore 106. COUNTY MD Baltimore 106. COUNTY MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES active 12. STATE 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES active 12. STATE 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES active 12. Was DECEDENT	Meridian Nursing Center Franklin Woods RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY MD Baltimore 10e. STREET AND NUMBER 5700 East Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2. STAND IF YES, GIVE WAR OR DATES 13. Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Speedly only Popularial profes completed) 12. Years 12. Years 12. Years 13. DECEDENT'S EDUCATION (Speedly only Popularial profes completed) 14. DONE THAT IT IS NAME (Properting) 15. DECEDENT'S EDUCATION (Speedly only Popularial profes completed) 16. DECEDENT'S USU (Speedly only Popularial profes completed) 17. FATTHER'S NAME (Properting) 19e. NACHMER'S NAME (Properting) 19e. NAMINGOR, LAST) 10. DONE THAT IS NOT COMPLETE AND ALTER OF DECEDENT'S USU (Speedly only Popularial profes completed) 19e. NAMINGOR, LAST) 10. DONE THAT IS NAME (Properting) 19e. NAMINGOR, LAST) 10. SPEEDLY STATE OF DECEDENT'S USU (Speedly only Popularial profes completed) 19e. NAMINGOR, LAST) 10. DONE THAT IS NAME (Properting) 19e. NAMINGOR, LAST) 10. SPEEDLY STATE OF DECEDENT'S USU (Speedly Only Popularial profes completed) 10. STATE IS NAME (Properting) 10. SECRETARY (Properti	Meridian Nursing Center Franklin Woods Ros Residence of Decement Number Nu	Meridian Nursing Center Franklin Woods Rosedale	Meridian Nursing Center Franklin Woods Rosedale	Meridian Nursing Center Franklin Woods Rosedale Ball Meridian Nursing Center Franklin Woods Rosedale Baltimore So. STREET AND NUMBERS THE MARITAL STATUS SO. STREET AND NUMBERS STOOL East Avenue 12.006 13. WAS DECORDED TO HIS PROVIDED TO THE STOOL OF THE ST	Meridian Nursing Center Franklin Woods Rosedale Baltimore Sections

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

8. AGE (In yrs. last birthday)

94 288 6

1994

3. TIME OF DEATH

11 A

Approximate Interval Between

Onset and Death

8. BIRTHPLACE (State or Foreign

Maryland

BEG. NO

06/26/1920

2. DATE OF DEATH

7. DATE OF BIRTH

Sept.

TO BE COMPLETED BY FUNERAL DIRECTOR

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DING PHYSICIAN: The law requires that the death certificate be executed withing from sterd feath. Page 6 may be retained by the hospital or attending physician.

The page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the burial transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNETAL CHURCH THIS certificate has been signed by the attending physician and completely be need within 12 down to build the State Dept. of Health and Mental Hygiene prior to build, crematimportants in term 2. It marked, or item 23 shows any Injury, or other traumatic event,

marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TED BY PHYSICIAN: MEDICAL CERTIFICATION

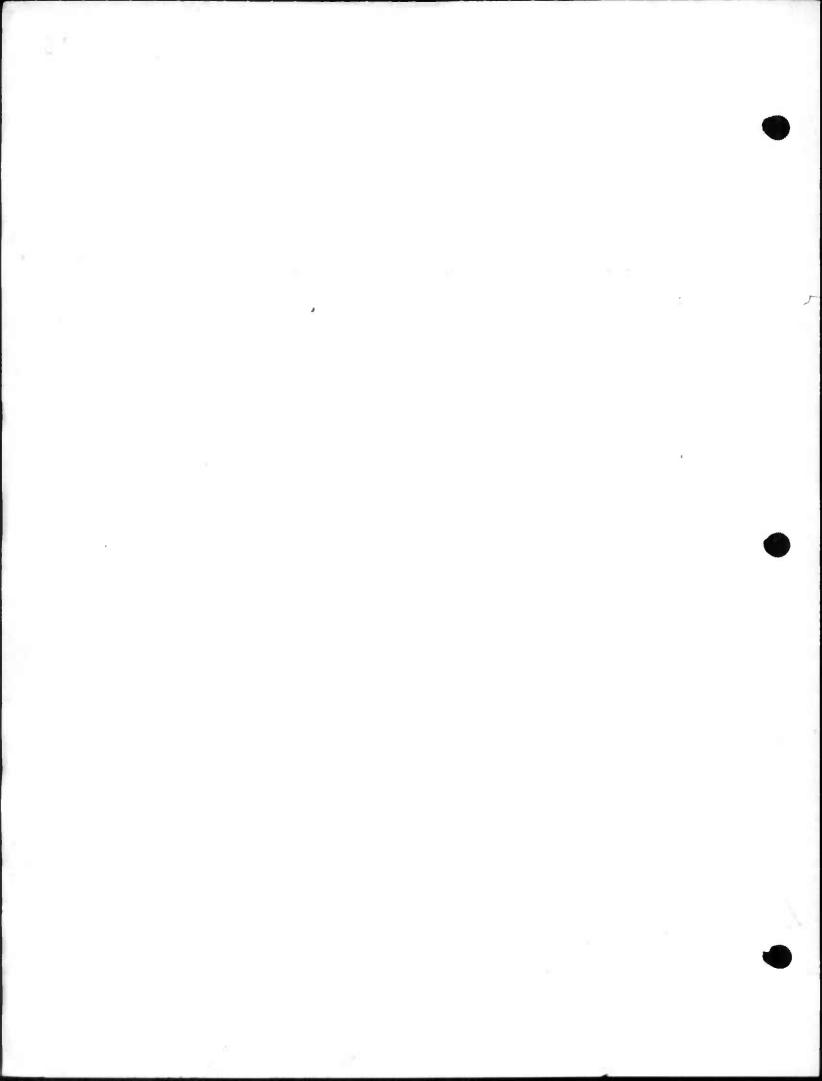
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1 - STATE REGISTRAR		STATE OF MA		/ DEPAR) MEI						
1. OECEOENT'S NAME (First	t, Middle, Last)			OLITIN	IOAIL	OI D	LAIII	2.	DATE OF DE	ATH			3. TIME OF DEATH	
Miriam Ha	nkin	Ivrev							ept.	DAY	,199	9 4	or rime or bearing	М
4. SOCIAL SECURITY NUM			AGE (In yrs.	lest birthday)	IF UNDER 1		UNDER 24 HRS	. 7.	DATE OF BIR	TH		8. BIRTH	PLACE (State or Foreig	gn
220-20-98	376	1 🗌 M 2 🔀 F	66	YRS.	MONTHS	DAYS HO	OURS MIN.	M	ay 22	2,19	928	Mar	yland	
9a, FACILITY NAME (If not in		•			-		OCATION OF	DEATH				NTY OF D		
1954 Old A	_	lis Blvo	1.		Anna	apol	is			1	Anne	e Ar	undel	
RESIDENCE OF DE	10b. COUNTY			10c CIT	Y, TOWN OF	LOCATION							10d. INSIDE CITY	=
MD	Anne	Arundel			napo.								LIMITS?	
10e. STREET AND NUMBER					iapo.	10t. ZIF	CODE				10a. CITI	ZEN OF W	YES 2 NO	-
1954 old	Annap	olis Bly	/d.				402					SA		- 1
11. MARITAL STATUS		12. WAS DECEDENT	VER IN U.S.		13. W			PANIC O	RIGIN? (Spec	city Yea o		14. RACE	- American Indian,	-
IF YES GIVE WIR OR DATES							, white, etc.							
	CEDENT'S EDUCA		16a.	DECEDENT'S	USUAL OCC	CUPATION			16b. KIND	OF BUSI	NESS/INC	USTRY		\dashv
(Specify on Elementary/Secondary (ly highest grade c	College (1-4 or 5+)	_	(Give kind of a	work done du se retired.)	iring most of	working		look kind	0. 500.	TESS/III	7037H1		
12		4	H	louse	wife				Н	omer	nake	er		
17. FATHER'S NAME (First, A	Middle, Last)	7				10.	MOTHER'S	NAME (First, Middle, I	Maiden Si	umame)			\neg
David E.	Hank	in					Nett	ie	Brei	nnei	r			[
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADORESS	Street and N	lumber or Rur	al Route	Number, City	or Town,	State, Zip	Code)	-	\neg
Harry Ivr	cey			144 I	Ouke	of (Gloud	ces	ter S	Str	eet	, An	napolis	, MI
20a. METHOD OF DISPOSIT 1 → Burial 2 □ Cremetic 4 □ Donation 5 □ Other	on 3 - Remov	val from State	cemetery,	crematory or o	of DISPOSIT	TON (Neme o	Com					City or To		
21. SIGNATURE OF FUNERA		MSEE	1 1(1	163661	22. N	AME AND A	DDRESS OF	FACILIT	Y	_				\dashv
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23. PART I. Enter the d	liceesee, or co	mplicatione that	sused the	deeth. Do	not enter t	he mode o	of dying, s	uch es	cardiec or	respira	tory en	est.	Approximate	
shock, or h iMMEDIATE CAUSE (Fit disease or condition	neert failure. L	fet only one ceuse	on each I	Ine.							·		interval Betw Onset and D	ween
reculting in death)	e.	DUE TO (O	R AS A CON	SEOUENCE O	F):									-
	, b.													
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ceuse. Enter UNDERLY CAUSE (Diseese or inju		DUE 70. (0												
that initiated events resulting in death) LAS	ST T	0) 01 300	AS A CON	SEQUENCE O	-):								i	
	d.													
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DID TOBACCO U	JSE CONTR	IBUTE TO CAU	SE OF D	EATH YE	S N	0 🗆 1	JNCERTA	AIN [וכ					- 1
25. WAS CASE REFERRED T		HOSPITAL:	26. PI	ACE OF DEAT										
1 TES NO		1 Inpetient 2 E	R/Outpetlant	3 🗆 DOA	OTHER:		Rasidenc	a 6 🗆	Other (Specia	(fy)				
27. MANNER OF DEATH	0.4	28a. DATE OF IN (Month, Day,		28b. TIM INJ	E OF 2	6c. INJURY WORK?	AT	28d	. OEȘCRIBE	HOW INJ	URY OC	CURED		
1 Netural 5 2 Accident	Pending Investigation				М		2 NO							
	Could not be determined	28s. PLACE OF I building, etc	NJURY — At . (Specify)	homa, tarm, s	treet, tactor	y, office		281.	City or Town,		d Number	or Rural R	oute Number,	
29a. CERTIFIER (Check only	TIFYING PHYSICI	AN: To the best of m	knowledge	death occurre	d at the tim	e, data and	placa, and d	ua to th	o causafa) -	nd menn	or po stre	ed		\neg
		On the basis of axan											and manner as state	ıd.
29b. SIGNATURE AND TITLE		. 0.2		22-02		_	LICENSE N				29d. DAT		(Month, Day, Year)	-
w	Mu	الالالا				2)ZY	7	19		>	1/3	0/84	
30. NAME AND AODRESS OF	F PERSON WHO	COMPLETED CAUSE	OF OEATH (I	TEM 27) (Type,	Print)							t	V	
31. DATE FILEO (Month, Day,	Year)	32. REGISTRAR'S		_										\dashv
SEP 3 0 19	194	Their Danies	- Road	pel.										

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	D, BALTIMORE, MARYLAND 21215-0020	SECIAN: The law requires that the death certificate be executed within 24-rhours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should at the State Dark of Hastin and Manual Harrians note to harrial transmitten on the property of Hastin and Manual Harrians note to harrial transmitten on the property of the State Dark of Hastin and Manual Harrians note to harrial transmitten on the property of the State Dark of Hastin and Manual Harrians note to harrial transmitten on the property of the State Dark of Hastin and Manual Harrians note to harrian the property of the State Dark of the State Dark of Hastin and Manual Harrians note to harrian the property of the State Dark of Hastin and Manual Harrians note to harrian the property of the State Dark of Hastin and Manual Harrians note to harrian the property of the State Dark of Hastin and Manual Harrians note to have a second note to harrian the property of the State Dark of Hastin and Manual Harrians note to harrian the property of the State Dark of Hastin and Manual Harrians note to have a second note to ha	eligibil, of felliporal,
5	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE WASTALL INFECTION After this pertificate has been signed by the attending physician and completely filled in by the	the second of th

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTI	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) Eddie	Jolly		2. DATE OF DEATH	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213 52 6376		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-26-5	8. BIRTHPLACE (State or Foreign Country)
R C	9a. FACILITY NAME (If not institution, give s	Center CHH	b. CITY, TOWN OR LOCATION OF DE		9c. COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT		TOWN OR LOCATION		10d. INSIDE CITY
	10a. STREET AND NUMBER		Balto 101. ZIP CODE	Т	LIMITS? 1 XYES 2 NO 10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	2405 ξ.	Jederal ST 12. WAS DECEDENT EVER IN U.S. ARMED	2/2/	3	4.5.A
BY FL	1/1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES	If yes, specify Cuban, Maxica	n, Puerto Ricen, etc.)	or No— 14. RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		done during most of working	18b. KIND OF BUSII	NESS/INDUSTRY
OMPL	17. FATHER'S NAME (First, Middle, Last)	ACCOUNT		M. C.	
BE C	ARTLUT JOLLY	/	Beal	we B	oyd
2	ARTHUR Jol	-LY 2705	PORESS (Street and Number or Rural I	St SAL	State, zip code)
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	ovel from State 20b. PLACE AND DATE OF E cematary, cremetary or other		DATE 20c, LOCA	ATION — City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	22. NAME AND ADDRESS OF FA	() []	12 1 1-00
	23. PART I. Enter the diseases, or c	complications that caused he death. Do not List only one cause on each line.	enter the mode of dying, eucl	h ss cerdiec or reepira	tory strest, Approximate
	iMMEDIATE CAUSE (Finel disease or condition	Dheu.			interval Between Onset end Death
_	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):	e i s		day
ATIO	Sequentially list conditione, if sny, lesding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):	5 5	-	n a
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):	, A113	,	Par
AL CE	PART ii. Other significent condition	e contributing to deeth but not resulting in t	he underlying ceuee given in	Part i, 24a. WAS AN AI	
				PERFORM 1 YES 2	COMPLETION OF CAUSE
N. M				_	1 TYES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ONO		28. PLACE OF OEATH (Chi THER: Nursing Home 5 Residence		
	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME O INJURY	F 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJ	JURY OCCURED
red BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY — At home, term, streed building, etc. (Specify)	et, tactory, office	28t, LOCATION (Street and City or Town, State)	d Number or Rural Route Number,
COMPLETED		CIAN: To the best of my knowledge, death occurred a			
l w l	29b. SIGNATURE AND TITLE OF CERTIFIER	R: On the basis of examination and/or investigation, in	n my opinion, death occured at the 29c. LICENSE NUM		due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF OEATH (ITEM 27) (Typo, Pri	04323		► 9/28/7Y
	S. Abbor.			ytel.	
	2EH 3 0 1934		0		



ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FINERAL DIRECTION After this certificate has been signed by the attending placelian and completely

	DECEDENT'S NAME (First, Middle, Last)		·				DATE OF DEATH	AY	YEAR	3. TIME OF DEATH	
		INSON			_		SI	EPT 25	190	94	11:02	
	4. SOCIAL SECURITY NUMBER 219-78-4526	5. SEX 6.	AGE (In yrs. I		WONTHS DAY			DATE OF BIRTH (Month, Day, War) 11-16-19		8. BIRTHI Country	PLACE (State or Fore	
1	219-78-4526 1 M 2 G F 27 YRS. MONTHS DAYS HOURS MIN. 179 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH							11-10-19			Md	
DIRECTOR	MARYLAND SHOCK T					MORE CI			9c. COU	NTY OF DE	EATH	
EC	10a. STATE 10b. COUN	TY	10c. CITY, TOWN OR LOCATION							Т	10d. INSIDE CITY	
F	Md			Ba	1to						LIMITS?	
AL	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITI	IZEN OF W	HAT COUNTRY?	
FUNERAL	2589 Edmondsor	<u>Avenue</u>				21223				US	A	
5	11. MARITAL STATUS 1 K Never Merried 2 Merried	12. WAS DECEDENT E FORCES? 1	VER IN U.S. A	ARMED YNO		ECENDENT OF HI specify Cuben, M		RIGIN? (Specify Yes	or No-		- American Indian White, atc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	^	1 🗆 Y	ES 2 X NO S	pecify:		1	Specif		
8	15. DECEDENT'S ED				SUAL OCCUPA			16b. KIND OF BUS	SINESS/IND	DUSTRY		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)		(Give kind of wo ite. Do NOT use		most of working						
AP!		1 year						Hills	Const	truct	cion	
COMPLET	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER	S NAME (F	First, Middle, Maiden	Sumame)	_	-	
BE (Otis Johnson,	Jr				Vasht	i Nol	bles				
6	190. INFORMANT'S NAME (Type/Print)		1					Number, City or Tow		,		
		Vashti Johnson 3501 Milford Avenue Balto, Md 21207										
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of the property of the pr											
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	reducide /	MOOC	JIAWII				003 1	110,	Ma		
	Herme	11 11/	/ YMDS9	m Je		ch F/H		v enue Ba	lto	Md		
- 1	23. PART I. Anter the diseases, or					o Maba	311 /	venue ba	100,	nu		
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BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

SEP 3 0 1994

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notilled at once.

FOR STATE REGISTRAR		SIAIL OF 1		CERTIF					MENTAI	REG. NO.			
1. DECEDENT'S NAME (First	Middle, Last)									OF DEATH		VE.40	3. TIME OF DEATH
ANNE		KANEFSKY							SEP	T. 25,	1994	YEAR	6:15A M
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH 8. BIRTHPLACE				PLACE (State or Foreign
212-14-091	7	1 [M 2 K] F	79	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) MAY 10,1915 RUSSIA				
9e. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN (OR LOCATION	ON OF DE		10/12		NTY OF D	
MILFORD MANOR NURSING HOME BALTIMORE BALTIMORE BALTIMOR								ORE					
10a. STATE		10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.							10d. INSIDE CITY				
MD.	1							1 YES 2 X NO					
130 SLADE	AVE.,A	PT.#217				101	212				10g, CITI	U.S	A.
11. MARITAL STATUS		12. WAS DECEOEN	T EVER IN U.S.	ARMED						? (Specify Yea	or No—	14. RACE	- American Indian,
1 Never Married 2 Married FORCES? 1 YES 2 NO It yes, specify Cuban, Maxican, Puarto Rican, atc.) Black, W							white, atc.						
	EDENT'S EDUC		16a.	DECEDENT'S	USUAL O	CCUPATIO	ON		16b.	KIND OF BUS	INESS/INC	USTRY	
(Specify only highest grade completed) Elementery/Secondary (0-12) 12th. GROCER (Give kind of work done during most of working life. Do NOT use retired.) FOOD													
17. FATHER'S NAME (First, M	liddle, Last)						18. MOTI	HER'S NA	MF (First A	Aiddle, Maiden			
JULIUS	GLIC	K					100	EBEC		made, marcen	Juniania		
MR . BARRY		KY								MD. 21		Code)	
20a. METHOD OF DISPOSIT 1V Burlel 2 Crematic 4 Donation 5 Other	ION on 3 - Remo	oval from State		CEAND DATE	OF DISPOS	SITION (Ne	ame of		DATE	E 20c. LOC	ATION —		wn, Stata
21. SIGNATURE OF FUNERA			-/ FOR	BAND-R				/29/	_	BAL	TO.,	MD.	
Jadne	1/4	Helle	an			SOL	LEVI	NSON	& B	ROS.,I	NC.	MT	. 21215
26. PART I. Enter the	Iseases, or o	omplications the	t caused the	death. Do i	not anter	tha mo	da of dyl	ng, suci	as card	liac or respin	retory an	est.	Approximate
shock, or h	aart fallure.	List only one car	se on each I	lina.			7	1007				,	intarval Between Onset and Death
IMMEDIATE CAUSE (Fir disease or condition_	ial:		410	h.		/	1)	2 0.	1				Onsat and Daath
resulting in death)	7	a	(OR AS A CON	SECUENCE O			4	ZVN	ب	1.10			Jears
	_		(011 70 71 00)	OLOGENOL O	,								V
Sequentially list condit		b. DUE TO	(OR AS A CON	SEQUENCE O	n:								
if any, leading to imme- cause. Enter UNDERLY			,		,,								İ
CAUSE (Disease or injuthat initiated events		DUE TO	(OR AS A CON	SEOUENCE O	F):								1
resulting in death) LAS	T L	d											
PART II. Other significa	int condition	s contributing to	death but no	ot resulting	in the ur	derlyin	a cause c	alven in	Part I	24a. WAS AN	N SQUARE	T 245	WERE AUTOPSY FINDINGS
160	10.0	C . 0	- ~~	OL.	31		9 04400 3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFOR		+"	AVAILABLE PRIOR TO
	20	0 1	All	7	0				- 1	1 YES 2	40		OF DEATH?
	enu	e to	والمالما	e CC		ME						-	1 TYES 2 NO
DID TOBACCO U		RIBUTE TO CA				NO L	JUNC	ERTAIN	1 🗆				
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	26. P	LACE OF OEA	OTHE								
1 YES 2 NO		1 Inpetiant 2	ER/Outpatient	3 🗆 DOA			10 5 🗆 Re	sidenca	6 🗆 Other	r (Specify)			
		28a. DATE OF (Month, D		28b. TIM	E OF URY	28c. INJ WO	URY AT ORK?		28d. DEŞ	CRIBE HOW IN	JURY OC	CURED	
27. MANNER OF DEATH					M		YES 2	NO					
1 Natural 5	Pending Investigation												
1 Natural 5 2 Accident 3 Suicide 8		28a. PLACE C building,	F INJURY — At atc. (Specify)	home, farm,	street, fact	ory, offic	•		281, LOCA City of	ATION (Street a or Town, State)	nd Number	or Rural R	loute Number,
1 Natural 5 2 Accident 3 Suicide 4 Homicide	Investigation Could not be	building,	atc. (Specify)						City	or Town, State)			loute Number,
1 Natural 5	Investigation Could not be determined	CIAN: To the best of	my knowledge	death occurre	ed at the t	ime, date	and place,		City of	or Town, State)	ner ee stat	ed.	oute Number,
1 Natural 5	Investigation Could not be determined IFYING PHYSI CAL EXAMINE	CIAN: To the best of a	my knowledge	death occurre	ed at the t	ime, date	and place,		to the ceu	or Town, State)	ner ee stat	ed. a cause(e	and manner as stated.
1 Natural 5	Could not be determined IFYING PHYSI CAL EXAMINE	CIAN: To the best of R: On the basis of a	etc. (Specify) my knowledge, xamination and	death occurre	ed at the t	ime, date	and place,	ed at the	to the ceu	or Town, State)	ner ee stat I due to th	ed. a cause(e	and manner as stated.

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BALTIMORE, MARYLAND 21215-0020	ICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	setificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE PLACE WE COMPLETED After this certificate has been signed by the attending physician and completely filled in by the fine we may write heart with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	INPORTANTIAL INTER IN marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 8	REGISTRAN				AIE UF		* *	REG. NO.					
	1. DECEOENT'S NAME (First, Middle, Last) BESSIE R.			AVI	NE		2. DATE OF DEATH DO SEPT 2	DAY YEAR 3. TIME OF DEATH					
1 1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs.			hday) IF	IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE			7. DATE OF BIRTH	F BIRTH 8. BIRTHPLACE (State)				
	220-44-6490	6400 1 M 2 GF			THE DAYS HOURS MIN. (Month, Day, Year)				Country)				
1 1	9s. FACILITY NAME (If not institution, give s	treet and number	92'	- 04	CITY, TOWN C			Tune 10.			w York		
m								ATH	9c. COUN	ITY OF OEA	TH		
0	Rockville Nursing Home				Rocky	<u>vill</u>	e		Montgomery				
DIRECTOR	10a. STATE 10b. COUNTY		10	o CITY TO	WALOR LOCAT	TION							
<u>E</u>			"		Y, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?			
	Maryland Montgomery				Rockville					1X YES 2 NO			
FUNERAL	100. STREET AND NUMBER				10f	10f. ZIP CODE 10g. CITIZEN					AT COUNTRY?		
l iii	303 Adclare Road					20854					. A .		
5	11. MARITAL STATUS	12. WAS DECEDENT EVE			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year specify Cuben, Mexican, Puerto Rican, etc.)								
	1 Never Married 2 Married	FORCES? 1 YE				2X NO				Specify:	White, etc.		
BY	3 Widowed 4 Divorced					160	,		white				
COMPLETED	15. DECEOENT'S EDU- (Specify only highest grade	CATION	16a. DECEO	ENT'S USU	AL OCCUPATIO	ON		16b. KIND OF BUS	INESS/IND	USTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do I	NOT use ret	done during mo lired.)	ist or worran	9	OTA /D			and the second		
틸		2	Esse		0-			CIA/F	eder	al G	overnment		
8	17. FATHER'S NAME (First, Middle, Lest)		1 H V CO C	UFIX	re Sec	16 MOTH	IFR'S RAN	ME (First, Middle, Maiden	Sumamal				
BE	Maurice S. Lav	vine	100.00					Bretstei					
일			190. MA	ULING ADD	JHESS (Street a	nd Number	or Rural R	oute Number, City or Town	1, State, Zip	Code)	20852		
	Estelle L. Sha						oad,	#N808,I					
	20s. METHOD OF DISPOSITION 1 X Burisl 2 Cremation 3 Rem		tob. PLACE AND I			me ol		DATE 20c. LO	CATION —	Ity or Town	ı, Stale		
	4 Donation 5 Other (Specify)		Elesav	etro	ograd	Cem	eter	y9-26	Was	hing	ton, DC		
1 1	21. SIGNATURE OF FUNERAL SERVICE LIC				22. NAME AN								
Н	* Luga ().	Willia	m		Ives-Pearson Funeral Homes								
	23. PART I. Enter the diseases, or			Do not e	Eall	da of dvis	ha such	s cardiac or respi	22046	5	Approximate		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory streat, shock, or heart failure. List only one cause on each line. Approximate interval Between												
	IMMEDIATE CAUSE (Finel disease or condition) ('Marchine Local Finel disease or condition)									Onset and Death			
	resulting in death)												
	OUE TO JOR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions, Ch. Authoritis												
Ē	If any, leading to immediate												
131		d cause. Enter UNDERLYING CAUSE (Please of taking)											
Chicky	CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF):												
E	that initiated events	OUE TO (OR A	A CONSEQUEN		resulting in death) LAST De mentia								
ERTIFI	that initiated events	OUE TO (OR A	A CONSEQUEN										
CERTIFICATION	that initiated events resulting in death) LAST	d. Deme	A CONSEQUEN		a wadashila		han to F	Sat Las makes					
	that initiated events	d. Deme	A CONSEQUEN		ne underlylnç	g cause g	íven in f	Part I. 24a. WAS AN PERFOR		A	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
	that initiated events resulting in death) LAST	d. Deme	A CONSEQUEN		ne underlylng	g cause g	iven in F	Part I. 24a. WAS AN PERFOR	MED?	A			
EDICAL	that initiated events resulting in death) LAST	d. Deme	A CONSEQUEN		ne underlylnç	g cause g	iven in F	PERFOR	MED?	0	MAILABLE PRIOR TO OMPLETION OF CAUSE		
MEDICAL	that initiated events resulting in death) LAST	d. Deme	A CONSEQUEN		ne underlylnç	g cause g	íven in f	PERFOR	MED?	0	MAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH?		
MEDICAL	PART II. Other significent condition	d. De Me f	A CONSEQUEN					PERFOR	MED?	0	MAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH?		
MEDICAL	PART II. Other significent condition	d. Deme	A CONSEQUEN	iting in the	26. PL	ACE OF OR	EATH (Chec	PERFOR 1 YES 2 ck only one)	MED?	0	MAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH?		
MEDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d. OUE TO (OR A. d. OUE TO (OR A. es contributing to deeth HOSPITAL: 1 topetion 2 ER/O 28e. DATE OF INJUR	but not result	oting in the	26. PL THER: Nursing Hom 28c. INJ	ACE OF OE	EATH (Chec	PERFOR	MED?	1 1	MAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH?		
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BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE ANO TITLE OF CERTIFIER SWALL 30. NAME ANO ADDRESS OF PERSON WH	OUE TO (OR AL d.	but not result to but not resu	ODA OT 4 CODO A 1 COD	26. PL THER: Nursing Hom 28c. INJ WO M 1 1 1 t, factory, office the time, data ony opinion, d	ACE OF OE e 5 Rei URY AT PRK? YES 2 e and place, eath occure	aldence to aldence to aldence to and due to and due to all the to the total transfer and transfe	PERFOR 1 YES 2 Ck only one) 5 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street & City or Town, State) to the cause(s) and mentime, date and place, and	MED? LJURY OCC and Number ner as state d dus to the	URED OR Rural Round od. o cause(s) a SIGNED (M	MILLABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO NO NUMBER NUMBE		

BALTIMORE, MARYLAND 21215-0020
fter death. Page 6 may be retained by the hospital or attending physician.
the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notified at once.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached val.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hospi	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospi
DAL LIMORE, MARILAND	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAI CERTIF	RTMENT	OF H	HEALTH AND	MENTA	AL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) Evelyn Webb Murphy						2. DATE OF DEATH Sept. 28, 1994 3. TIME OF DEATH Sept. 28, 1994 4:05 p					
	4. SOCIAL SECURITY NUMBER 218-05-0801	5. SEX 6. AGE (In	yrs. last birthday) 86 yrs.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.				IPLACE (State or Foreign		
TOR	98. FACILITY NAME (If not institution, give street and number) Meridian Corsica Hills RESIDENCE OF DECEMENT					erville	OCATION OF DEATH 9c. COUNTY OF DEATH					
DIRECTOR						Stevensville 10d. inside city Limits?						
FUNERAL	100. STREET AND NUMBER	3 Chestnut Ro	ad	<u> </u>		Stevensville 1 (2) yes 2 (1) N yes 2 (1)						
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	1 1	f yes, sp	CENDENT OF NISPAI Hecity Cuban, Maxica 3 2 NO Specifi	NIC ORIGI	IN? (Specify Yes			E — American Indian, k, Whita, atc.	
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OG work done o	CCUPATIO	ON ost of working	16	b. KIND OF BUS	SINESS/IN	DUSTRY	" White	
COMPLETED	10	College (1-4 or 5+)		memak								
BE C		William D.					nna	Swom	ley			
٩	Charles P. Meeha		1	13 Ch	est	nut Road					. 21666	
	20e, METNOD OF DISPOSITION 1 × Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Parkwood Cem. 10/1/94 20c. Location - City Parkwood Cem. 10/1/94											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Milton J Knight Jr 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc. 5305 Harford Road Baltimore, Md. 21214											
	23. PART i. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)							rdiec or respi	ratory er	rest,	Approximate interval Between Onset and Death	
N	DUE TO (OR AS A CONSEQUENCE OF):											
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury											
CERTIF	that initieted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):											
DICAL	PERFORMED? AN								WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?			
AN: ME	1 TES 2									1 TYES 2 NO		
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: OTHER										
ву Рну	27. MANNER OF DEATN 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT						6 Uniter (Specify) 28d. DESCRIBE HOW INJURY OCCURED			
ETED B	2 Accident							281, LOCATION (Street and Number or Rural Route Number, City or Town, Stete)				
COMPLE	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.											
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 9-28-94 30. NAME AND ODDRESS OF PERSON WHO COMPLETED PAISE OF DEPUTYEN OF CLASS OF PERSON WHO COMPLETED PAISE OF DEPUTYEN OF CLASS OF PERSON WHO COMPLETED PAISE OF DEPUTYEN OF CLASS OF PERSON WHO COMPLETED PAISE OF DEPUTYEN OF CLASS OF PERSON WHO COMPLETED PAISE OF DEPUTYEN OF CLASS OF PERSON WHO COMPLETED PAISE OF DEPUTYEN OF CLASS OF PERSON WHO COMPLETED PAISE OF DEPUTYEN OF CLASS OF PERSON WHO COMPLETED PAISE OF DEPUTYEN OF CLASS OF PERSON WHO COMPLETED PAISE OF DEPUTYEN OF CLASS OF PERSON WHO COMPLETED PAISE OF DEPUTYEN OF CLASS OF PERSON WHO COMPLETED PAISE OF DEPUTYENCE OF DEPUTYENCE OF DEPUTYENCE OF THE PERSON WHO COMPLETED PAISE OF DEPUTYENCE OF DEPUTYENCE OF THE PERSON WHO COMPLETED PAISE OF DEPUTYENCE OF THE PERSON WHO COMPLETED PAISE OF DEPUTYENCE OF THE PERSON WHO COMPLETED PAISE OF THE PERSON WHO COMPL											

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30. NAME AND

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BALTIMORE, MARYLAND 21215-0020	L DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within Extrours after death. Page 6 may be retained by the hospital or attending physicial
BAL	nours after death
	i
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within Emhours after deal
DIVISION OF VITAL	L OR ATTENDING PHYSICIAN; The la

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH											
	JACKIE LEE MATTHEWS							MONTH DAY YEAR			4:00 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las				7. DATE OF BIRTH	*	8. BIRTHPLACE (State or Foreign			
	216-60-6796 1♥ № 2 □ 1 42			YRS.	MONTHS	DAYS	HOURS MIN. (Month, Day, Year 6-25-19			52 Country) Md		
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY					NTY OF DI	EATH
CTOR	Stella Maris				To	OWSO	n					
[급	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		Mo CITY TOWN OR LOCATION						and marine over			
DIRE	Md Md				B B					10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
	10e. STREET AND NUMBER				101, ZIP CODE			10g. CITIZEN OF WHA				
FUNERAL	7206 Oakhaven Circle				21244				USA			
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.			ARMED 13. WAS DECENDENT OF HISPANI					HC ORIGIN? (Specify Yas or No. 14. RACE — Ar			— American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	☐ YES 2XXN WAR OR DATES	10		f yes, sp I 🔲 YES	2 X NO	n, Maxica Specify	n, Puerto Rican, etc.)		Specif	white, etc.
												DIACK
TED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Gi	ve kind of a	work done	during mo	ON ost of worki	ng	16b, KIND OF BUS	INESS/ING	DUSTRY	
COMPLET	Elementary/Secondery (0-12)	College (1-4 or 5	+)	uck 1								
OM IG	17. FATHER'S NAME (First, Middle, Last)			-	J1 11 0		18. MOT	HER'S NA	ME (First, Middle, Maiden	Sumama)		
E U	Lewis Matthews								Burton			
2 0	19a. INFORMANT'S NAME (Type/Print)		198						Route Number, City or Town	o, State, Zip	Code)	
TO TO	Doris Matthews			7206	5 Oal	chav	en C	ircl	e			21244
TST I	20a. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Rame	oval from Stata	20b. PLACE A	ND DATE	OF DISPOS	ITION (Na	ame of		1		City or To	
examiner must	1 M Burlal 2 Cremation 3 Ramoval from Stata Cometery crometory crometory crometory of other place Catonsville, Md											
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	felorne	10	umpsus	-		430						21215
medical	23. PART Inter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdisc or reepiratory errest, intervel Between											
96	Onset and Death											
event, t	disease of condition and the condition resulting in death) ** ** ** ** ** ** ** ** **											
	- AIDS											
CERTIFICATION	Sequentisity list conditions, If sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
S	cause. Enter UNDERLYING CAUSE (Disease or injury											
	CAUSE (Disease or Injury thet initiated svents oue to (OR AS A CONSEQUENCE OF): resulting in deeth) LAST											
	d											
	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMILABLE PRIOR TO											
e any inju	PERFORI 1 □ YES 2							COMPLETION DE CAUSE				
Shows	1 T YE									1 Tes 2 No		
AN S	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 48. PLACE OF DEATH (Check only one) OTHER:											
₹ S	1 YES 2 No 1 Inpetfent 2 ER/Outpetfent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) HOSDICE											
	1 Netural 5 Pending	(Month, E		28b. TIM INJ	URY	WC	IURY AT ORK? YES 2 [¬ мо	28d. DEŞCRIBE HOW II	NJURY OC	CUREO	
	2 Accident Investigation 3 Suicide & Could not be	28a. PLACE C	F INJURY — At ho	me, farm, i	street, tact			, ,,,	28t. LOCATION (Street a	nd Numbe	r or Rural A	oute Number
2 2	4 Homicide 8 Could not be detarmined	building	atc. (Specify)						City or Town, State)			
틸	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	eth occurr	nd at the t	me, date	and place	and due	to the cause(s) and mad	Der ee ete	ted	
IMPORTANT: If Item 28 IS D BE COMPLETED	000)	Check only One) 2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, date and pieca, and due to the cause(a) and manner as atsted. MEDICAL EXAMINER: On the basis of axemination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and menner as atsted.										
C	290. SIGNATURE AND TITLE OF CERTIFIER							ENSE NUM				(Month, Day, Year)
D BE	Exendalle	Exendal RFaulkacen					100	300	43	▶ q	1/2-	7/94
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											1	, - /
	KICHAULKNER	-ws		LANE'	Y VAI	LEY	RD.	, TO	WSON, MD	2120	4	
	SEP 2 0 100 4	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 34. DATE FILED (Month, Day, Year) 35. REGISTRAR'S SIGNATURE										
	1 V 1334	and an employ	properties									

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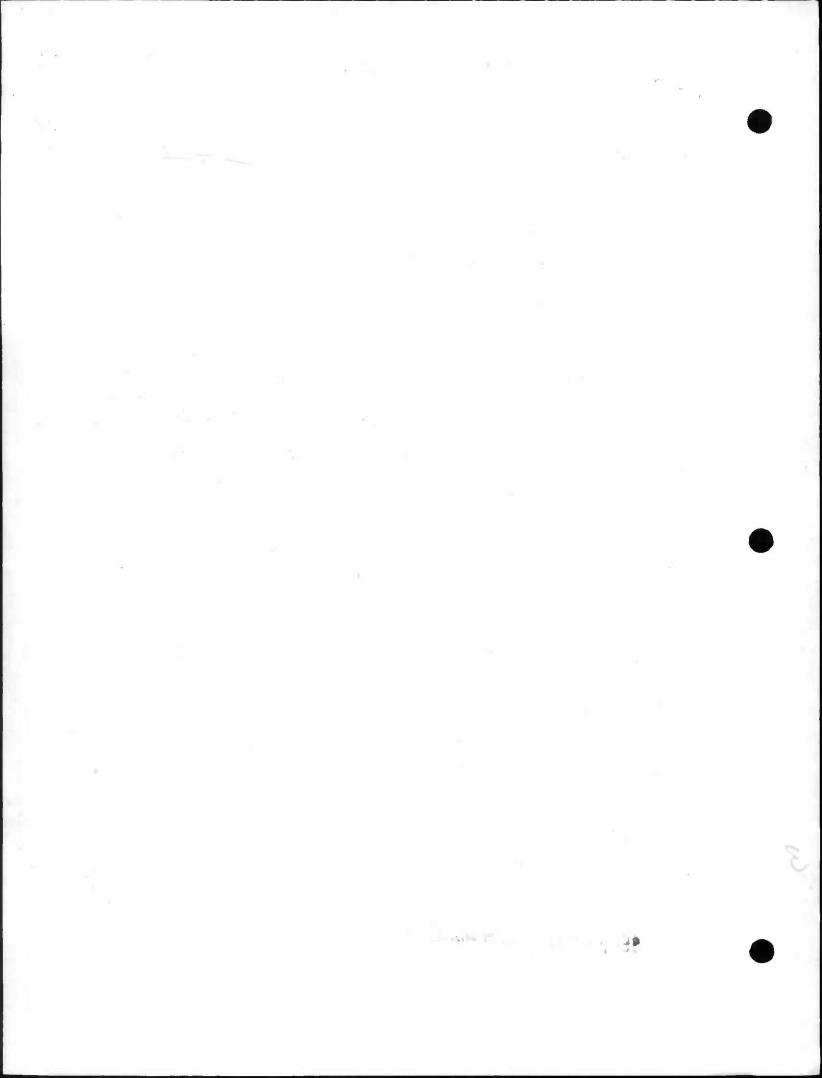
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2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF OFATH 150 7. DATE OF BIRTH / 4
(Month, Day, feat) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 04 231-18-7343 1 M 2 1 82 YRS. N. CAROLINA Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH CITY BAYVIEW-f.s.k. HOSPITAL BALTIMORE n/a DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MARYLAND n/a 1 🗮 YES 2 🗌 NO permit. FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE bayview circl 21224 UNITED STATES use as the burial-transit HOPKINS PLACE 5505 retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cubsn, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried FORCES? 1 YES 2 NO 1 TES 2 WO Specify: ВУ 3 Wildowed 4x Divorced BLACK ETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) funeral director, page 5 should be detached for COMPL 8 TH LABORER SALES once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) AUSTIN Ħ LULA THOMAS BE notitied 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 ROBERT/CHARLES 2253 N. COLORADO ST., PHILADELPHIA, PA 19132 pe Pe 20e. METHOD OF DISPOSITION ↓↓ Burlel 2 □ Cremetion 3 □ Removal from State ours after death. Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Donetion 5 - Other (Specify) NATIONAL MEM.PK.10-MARYLAND LAUREL, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH FH.-1101 E. NORTH AVENUE the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory errest, à Approximate shock, Dr heart fallure. List Dnly Dne ceuse Dn each line. filled in I ö IMMEDIATE CAUSE (Final Onset end Death Pulman disease cremation. the disease or condition_ astructu physician and completely ine prior to burial, cremati resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, lesding to immediate cause. Enter UNDERLYING death certificate be CAUSE (Disease or Injury signed by the attending ph Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST 50 PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 TYES 2 T NO OF DEATH? 1 YES 2 NO certificate has been h the State Dept. of PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | OOA OTHER 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 0 28e. DATE OF INJURY (Month, Day, Year) MANNER OF DEATH TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c Natural 5 Pending Investigation 1 YES 2 NO BΥ After Accident 28e. PLACE OF INJURY — building, atc. (Specify) Al home, farm, street, fectory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be DIRECTOR: hours after of 28 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) end manner es stated. FUNERAL I MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. TO THE HOSPITA
TO THE FUNERA
Be filed within 7. 29c. LICENSE NUMBER 294. DATE SIGNED /M BE 8 9 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 0 1994

ITEM#7 Per F.H. Film# G-715 09/30/94 R.M.
FOR
STATE OF MARYLAND / DEPARTMENT OF HEALTH AN
REGISTRAR
CERTIFICATE OF DEATH

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

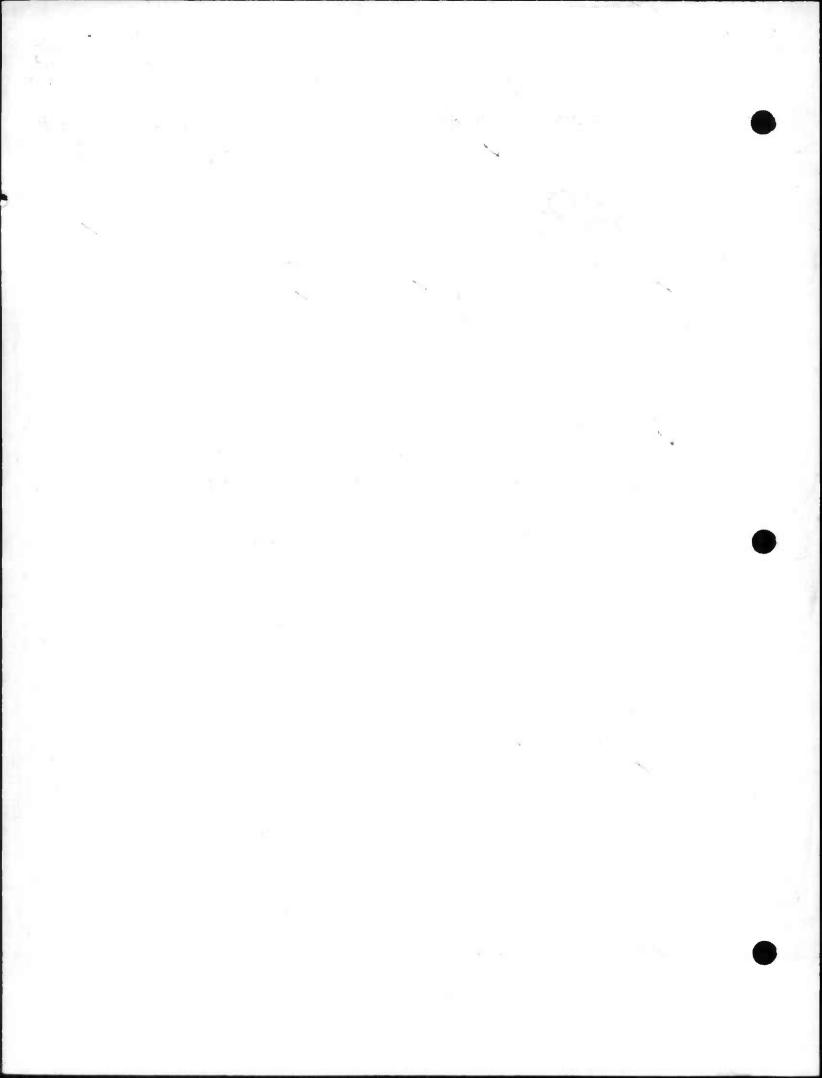


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	1. DECEDENT'S NAME (First, Middle, La: RITA		2 6				2. DATE MONTH	OF OEATH	199	3. TIME OF DE	
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	_ IF UNDER 1	YEAR II	F UNDER 24 HRS.	7. DATE	OF BIRTH	8.	BIRTHPLACE (State or	
	215-30-4086	1 M 2 F	61 YRS.	MONTHS	DAYS H	OURS MIN.	11	8 193	32	Maryland	
0	Se. FACILITY NAME (If not institution, give	ve street and number)		9b. CITY, T	OWN OR L	LOCATION OF DE			9c. COUNTY		
e e	Northwest Medi	ical Center		Ba1	timo	re			Balti	imore	
5 F	RESIDENCE OF DECEDENT 10e. STATE 10b. COU		40- 00	TV TOWN OR	1001701						
DIRECTOR	MD	1417		ry town on		4				10d. INSIDE CI LIMITS?	
100	10e. STREET AND NUMBER	104 78	P CODE			I to CITITED	1 YES 2 [
¥	3506 E. Norther	en Portuor				1206			U.S		
FUNERAL	11. MARJITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED	13, W		DENT OF HISPAN	IC ORIGIN	? (Specify Yes		. RACE — American In	
- 11	1 Never Married 2 Married	FORCES? 1 YE	S 2 NO	lf y	yes, specif	y Cuban, Maxican	n, Puerto F			Black, White, atc. Specify: White	
m	3 Wildowed 4 Divorced					gritto opecity				Specify. WITE CC	
9	15. DECEDENT'S E (Specify only highest gri		16a. DECEDENT'S	S USUAL OCC		of working	16b.	KIND OF BUS	SINESS/INDUS	TRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT L	ise retired.)							
COMPL	12 Years		Clerk	(Baltin	nore Ci	ity	
8 1	17. FATHER'S NAME (First, Middle, Last)					B. MOTHER'S NAI			Surname)		
	Arville N. Ne	eas				Mary M.					
₽ 1	19e. INFORMANT'S NAME (Type/Print)					Number or Rural R				,	
	Marie Margolis	3	3506	E. No	rthe	rn Park	way				
	20g. 12THOO OF DISPOSITION 1 Duriel 2 Cremation 3 R	amoval from State	20b. PLACE AND DATE	OF DISPOSIT	ION (Name	of	DATI	1		y or Town, State	
- 11-	1 Surfel 2 Cremetton 3 Removal from State Cegretory, grematory or other place) Gardens of Faith 10/1/94 Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY The Dippel Funeral Home										
	ahock, or heart failui	or complications that cause on	sed the death. Do	not enter ti		lair Ro					
	immediate cause (Final disease or condition resulting in death)	a. Melas L	sed the death. Do n each line.) DREI	he mode	of dying, such	h as card	liac or respi		t, Approxi	
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition	DUE TO (OR AS	sed the death. Do	OF):	he mode	of dying, such	h as card	liac or respi		t, Approxi	
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MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	sed the death. Do n each line. S A CONSEQUENCE C S A CONSEQUENCE C	DEP:	ST	of dying, such	Part I.	24e. WAS AN PERFOR	AUTOPSY	24b. WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH?	
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DHMH-16 Rev 1/89



Item# 7.

Item#10.e. G-film 715 per F.H 9/30/94 P.C

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR AJEE NELSON SEPT 5:37P 94 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS 7. DATE OF SHETH IF UNDER 1 YEAR 9 218-76-4214 DAYS HOURS 1 M 2 F YRS 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? ma. BAHO. YES 2 NO 100. STREET 131 FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Asquith st.apt 511 2/202 5 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried If yes, specify Cuban, Mexican, Puerto Ricen, etc.) BY 1 TES 2 NO Specify: Specify 3 Widowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) BALV Alone) 17. FATHER'S NAME (First, Middle, Last 18. MQTHER'S NAME (First, Middle, Maiden Surname) 8 19h MAILING ADDRESS /Str 2 MAWA 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION 1 D Buriel 2 Cremellon 3 Re Donation 5 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY uneral Home 1129 N. CAnoline 5 23. PART I. Entar the diseases, or complications that caused the death. Do not entar Approximate shock, or haart failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury QUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in daath) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 X YES 2 | NO OF DEATH? 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 X YES 2 - NO 1 | Inpatient 2 | PER/Outpatient 3 | DOA ng Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c, INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 8 Could not be determined 4 Homicide 29a. CERTIFIER 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner se stated.

2XXMEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 ho

permit. Pages 1, 2, 3 should

filled in by the funeral director, page 5 should be detached for use as the burlat-transit ion, or removal.

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other traumatic event, the

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Item

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2

29b. SIGNATURE AND/TITLE OF CERTIFIER

1/E

PORE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

July Disselver Randed

cremation,

bunial,

completely

physician and

the attending physician ar

signed by the

certificate has been h the State Dept. of h

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L DIRECTOR: After this cer thours after death with the lem 28 is marked, o

ours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

27/94

29d. DATE SIGNED (Month, Day, Year)

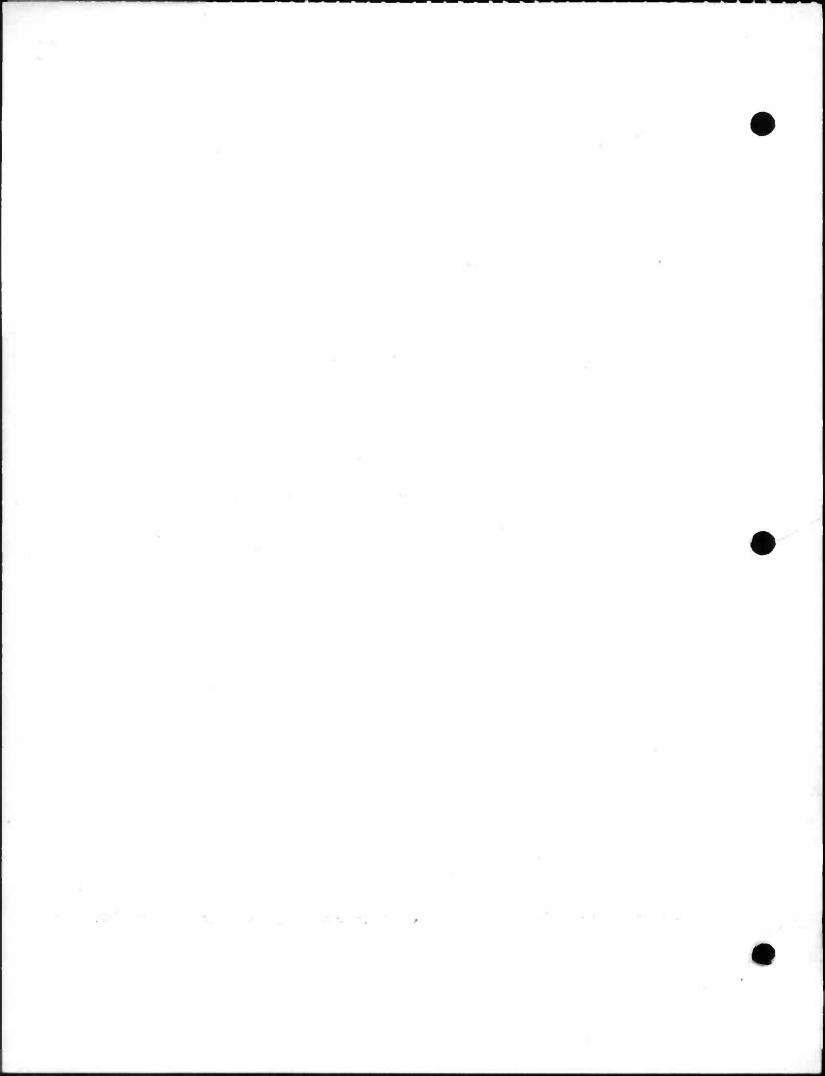
SEPT.

	_	1 - STATE REGISTRAR	STATE OF MA		DEPAR					NTAL HYGIEN REG. NO.	E		
		1. DECEDENT'S NAME (First, Middle, Last)	con							DATE OF DEATH		YEAR	TIME OF DEATH
		Carolyn Olau 4. SOCIAL SECURITY NUMBER		i. AGE (In yrs. les	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS 7	ept. 2		994 8. BIRTHPLA	AM MCE (State or Foreign
77	1	820-07-9843	1 □ M 2 □XF	90	YRS.	MONTHS	DAYS	HOURS	MIN. J	an.2,19	04	Country) Germa	
3 should	_	9e. FACILITY NAME (If not institution, give s	treet and number)						ON OF DEAT		9c. COUNT	TY OF DEAT	
1, 2, 3	ECTOR	3855 Wayson R	oad			Dav	ids	onvi	lle		Ann	e Arı	undel
ages	DIREC	10e, STATE 10b, COUNTY	Arundel		10c. CIT	v, TOWN C	R LOCAT	ION 17 i 1 1				104	d. INSIDE CITY
mit. P		100. STREET AND NUMBER			De	ivia		ZIP CODE					YES 2 NO
an. ransit pe	FUNERAL	3855 Wayson R					2	1035			USA		T COUNTRY?
ND 21215-0020 hospital or attending physician. ached for use as the burial-transit permit. Pages	BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3. Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 1		1 1	f yee, spe	ENDENT O Icify Cuber 2 🙀 NO	n, Mexican, F	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No—		American Indian, hite, etc. White
21215 tal or attent for use as	TED	15. DECEDENT'S EDU (Specify only highest grade		(G	CEDENT'S	work done o			g	16b, KIND OF BUS	INESS/INDU	STRY	
VD 2 ospital o	COMPLET	Elementary/Secondary (0-12) 1 2	College (1-4 or 5 +)		o. Do NOT use relired.) omemaker				Но	useh	old		
YLA by the be det	BE CO!	17. FATHER'S NAME (First, Middle, Last)	Bie	ringe				Ма	rque		(Unk)
MAR: retained 5 should notified	6	190. INFORMANT'S NAME (Type/Print) Mary Murphy R	ogorc							e Number, City or Town			21035
		20e. METHOD OF DISPOSITION		20b. PLACE	AND DATE	OF DISPOS			id, D		CATION — CI		
MORI ge 6 may lirector, p	1	1 □ Buriel 2 🕏 Cremetion 3 □ Rem 4 □ Donation 5 □ Other (Specify)		Met	ro (ther plece)	ato:	ry		Bal	timo	re,	MD
BALTIMORE, ter death. Page 6 may be the funeral director, page oval.	1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. H	ard	esty	Fun	eral Ho	me,	P.A.	
BA rs after de n by the h removal.	-	23. PART I. Enter the diseases, or o	1210	SMC		1	2 R	idge	ely A	ve. Ann	apol	is,	MD 21401
ety filled in attion, or		shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only one cause	DOLA.	Din	7 /· S			ng, such a	s cardiac or respi	ratory arre	st,	Approximate Interval Between Onset and Death
DX 687 be executed cian and con or to bunial, aumatic en	CATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								-			
P.O. th certification of Hygien or oth	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OF	R AS A CONSEC	DUENCE OF	F):							
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ALL has has Deg	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			E OF DEAT	TH (Check o	only one)	OIAC	EKIMIN	<u> </u>			
F VIT/ SICIAN: The certificate the State , or item	YSI	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 El					50 Re	eldence 8	Other (Specify)			
NO PHYSICIAN: The this certifical eath with the St marked, or it	/ PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF IN. (Month, Day,	JURY Year)	28b, TIM INJ	E OF URY M	28c. INJU WOF	JRY AT PK? ES 2		d. DESCRIBE HOW I	JURY OCCU	RED	
U a va	ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF II building, etc	NJURY — Al ho c. (Specify)	me, lerm, r	street, fect				I. LOCATION (Street a City or Town, State)	nd Number o	Rural Route	Number,
DIVISI ORECTOR DOURS AFTER DOURS AFTER THEM 28 &	Ē					251							
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The was allow.		30. NAME AND ADDRESS OF PERSON WHO		Anthony			MD).					
		31. DATESTIEP 3 0 1994	32. REGISTRARS	SIZATIONO	av Co	un. Si	uite 2	01					
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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF DEATH		REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)					E OF DEATH	3. TIME OF DEATH
	WITTITAM			DEDDV			94 10:23 PM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In vrs. last birthday)				8. BIRTHPLACE (State or Foreign
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	2		50		1//		NIA
or l				1		9c. COU	NTY OF DEATH
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		·v	10c CI	TV TOWN OR LOCATION			404 MINIST OFFI
<u>E</u>	ND -1	•	100.01	12 to 17			10d. INSIDE CITY LIMITS?
	1419			13/4/10.			1 X YES 2 NO
₹	10e. STREET AND NUMBER	1 -		10f, ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?
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5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF H	IISPANIC ORIGI	N? (Specify Yee or No-	14. RACE — American Indian,
						Ricen, atc.)	Black, White, etc.
	3 Widowed 4 Divorced	D.D.V. 46 0		7	1001	1	BLACK
			16e. DECEDENT'S	USUAL OCCUPATION	18	b. KIND OF BUSINESS/IND	USTRY
<u> </u>	Elementary/Secondary (0-12)		life. Do NOT u	work done during most of working ise retired.)			
립	Elementer	,	LA	berer			
8	17. FATHER'S NAME (First, Middle, Last)				'S NAME (First.	Middle Malden Surneme)	
	A/ 2/8 12	2		1,11	. 4.47	1	
	19e. INFORMANT'S NAME (Type/Print)	rry	105 MAII 101	ADDRESS (Street and Murrham and	TIY		0.11
2	The state of the s	01.1	ISD. MAILUNG	ADDRESS (Street and Number of)	Hurai Houte Nur	nber, City or Town, State, Zip	Code)
	DORIS IN	cay	149	67 St. 9	ep - 9	85 HVB B	V16Md 21217
					6A	TE 20c. LOCATION -	City or Town, State
	4 Donetion 5 Other (Specify)				10/	4 LANGSG	DUNE Md
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AND ADDRESS (OF FACILITY		
		- 1	Dr.	7 11	P	/ 11	1. 1. 0 10
\vdash	Joseph !	7. Xorn	2.	d GCNS	IUNG	PALHONE	5/304/1/entral
	23. PARTA. Enter the diseases, or shock, or heart failure.	Complications that cause	each line	not enter the mode of dying,	, such as car	diac or respiratory err	eet, Approximate Interval Between
1 1	IMMEDIATE CAUSE (Final	1 1	1	1. (7)			Onset and Death
	disease or condition	Her	705cles	orlio	HE-SCO-	lan Dis	lace
1 7		8. / \	0-0				
1 1		DUE TO (OR AS	A CONSEQUENCE O	PF):			
_		DUE TO (OR AS	A CONSEQUENCE O	PF):			
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ATION		b	A CONSEQUENCE O				
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TIFICATION	Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING	b. OUE TO (OR AS		F):			
CERTIFICATION	Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. OUE TO (OR AS	A CONSEQUENCE O	F):			
L CERTIFICATION	Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. OUE TO (OR AS .	A CONSEQUENCE O	F):	en in Pert I.	24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
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BALTIMORE, MARYLAND 21215-0020

DIRECTOR

FUNERAL

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COMPLETED

BE

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

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BE

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30. NAME AND ADDRESS OF P

AMSEL

SEP 3 0 1994

31, DATE FILED (Month, Day, Year

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print

0-9

34 REGISTRAR'S

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	VAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 32 hours after death with the State Debt, of Health and Mertlal Hydlene prior to bunial, cremation, or removal.	if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE MOSPITAL OR ATTENDIN	TO THE FUNERAL DIRECTOR: After the be filed within 72 hours after dea	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 0.9 28 Orville Lien Peterson 94 4. SOCIAL SECURITY NUMBER 5. SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS 344-09-3568 HOURS 18 1 X M 2 - I 87 July Minnesota 1907 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2829 Forest View Avenue Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Baltimore City 1 X YES 2 NO 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2829 Forest View Avenue 21214 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES PEACETIME AMMY 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No. 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 Never Married 2 Married 1 TYES 2 NO Specify 3 🛛 Widowed 4 🗌 Divorced White 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high entary/Secondary (0-12) College (1-4 or 5+) Purchasing Agent 12 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Charles A. Peterson Carrie J. Lien 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, Lyle E. Peterson 2505 Wycliffe Road Baltimore, Md. 21234 20a. METHOD OF DISPOSITION
1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE 1 N Buriel 2 Cremation 3 L 4 Donation 6 Other (Specify) Woodlawn Cemetery 10/3/94 Baltimore Maryland 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Milton Knlight Jr Leonard J. Ruck, Inc. 5305 Harford Road Baltimore, 21214 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on both line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition rasulting in death) disease T Pourchas Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO SMOKEK COMPLETION OF CAUSE 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YĖS UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Ch EXAMINER? OTHER:
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1 YES 2 NO 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident Investigation 26a. PLACE OF IN. 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 4 Homicide determined 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day, 29c. LICENSE NUMBER

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the funeral director, page 5 should be detached for use as the burial-transit Page 6 may be retained by the hospital or attending physician, ours after death. the attending physician and completely filled in by executed with equires that the death certificate be

BALTIMORE, MARYLAND 21215-0020

ECORDS, P.O. BOX 68760,

DIVISION

ATTENDING

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DIRECTOR: A hours after ditem 28 is

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29b. SIGNATURE AND TITLE OF CERTIFIER

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Item# 9.c. G-film 715 per FH. 9/30/94 P.C FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN MONTH POPENEM EDWARD 1217 P. 77 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 215 - 32 - 5582 DAYS HOURS 1 M 2 F 60 23 May 1934 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN MAMILAND BANTINGME UNIV OF BAUTMORE, DIRECTOR MAMILAND BALLANDE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Ensumon Salisbury Wicomico 1 XYES 2 NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 305 Washington Street 21801 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Ricen, atc.) 14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Merried 2 Merried В 1 TES 2 NO Specify: Specify: 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) General Contractor Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Isaac Portney Ida BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 305 Washington Street, Salisbury, MD 21801 Mrs. Laurie Portney 20e. METHOD OF DISPOSITION

1 To Burlal 2 Cremetton 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Baltimore Hebrew 9/29/94 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Sol Levinson & Bros. 6010 Reisterstown Rd, Baltimore, MD 21215 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fellure. List only one ceuse on sech line. intarval Between **IMMEDIATE CAUSE (Finel** Onset and Death diseese or condition_ PENA FAIWNE 3WEEKS reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CORONAM ANTEM TIVENTE WITH BYPASS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING OBESITY DIEMON CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events reaulting in death) LAST SYSTEM mun ontan FAIWIE PART ii. Other aignificent conditione contributing to death but not resulting in the underlying ceuee given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TES 2 NO OF DEATH? 1 YES 2 TONO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\Boxed{1}\) UNCERTAIN \(\Boxed{1}\) PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 TES 2 THO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be 4 Homicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, desth occurred at the firme, date end place, end due to the ceuse(e) end menner ee stated.

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) DUPOIL SER 27 1994 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BANOWIE C+ WINTEM. 225, ENEENE ST. VIVIV MD. Room Nyway, OF

2 __ MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ee stated.

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the business that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEGISTHAH				EKITF	CALE	OF	DEAL	п	R	EG. NO.			
1. OECEDENT'S NAME (First, Midd Morton		vard	Po	rry					2. DATE OF C MONTH Sept	DA		YEAR	3. TIME OF DEATH 1:55 P M
4. SOCIAL SECURITY NUMBER	5. SEX		GE (In yrs. les	_	IF UNDER 1	ve.n			_		1994	-	
212-07-5887	1 × M		76			DAYS	HOURS	24 HRS.	7. DATE OF B (Month, Day Aug 2	v. Year)	918	Count	HPLACE (State or Foreign ry) ryland
9e. FACILITY NAME (If not institution	on, give street and n	umber)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH								
Meridian Bri					Lut	the	rvil	le			В	alti	more
	COUNTY			10c. CITY,	TOWN OR	LOCAT	ION						10d, INSIDE CITY
	Baltimo	re			Balt:	imo	re						LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER						101.	ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
2432 Sylval						_	2120					U	.S.A.
11. MARITAL STATUS 1 Never Merried 2 X Merri	CODE	OECEDENT EVI			13. WA	S DECI	ENDENT O	F HISPAN	IIC ORIGIN? (S _I	pecify Yee	or No-	14. RACI Blac	E — American Indian, k, White, etc.
3 Widowed 4 Divorced	IF YE	S, GIVE WATO	R DATES ARMY				2 X NO			, 1117		Spec	
	T'S EDUCATION est grade completed	1	18e. DE	CEDENT'S U	SUAL OCC	UPATIO	N et of workin	a	16b. KIN	D OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College	(1-4 or 5+)		ive kind of wo Do NOT use		my mos	it or workin	v					
17. FATHER'S NAME (First, Middle,	5-	<u> </u>		Attor	ney		7.70				aw		
Samuel	Last)		Po	rry		l	18. MOTH		we (First, Middle therin		Sumeme)		Stein
190. INFORMANT'S NAME (Type/Pr	int)			_	DDRESS (S	Street as	nd Number		Route Number, C		n. State. Zii		SCEIN
Mrs. Dorothy	G. Perry	7							ltimor			1209	
20s, METHOD OF DISPOSITION ,	X Removal from	State	20b. PLACE	AND DATE OF	DISPOSITI				DATE			City or To	own, State
4 Donetion 5 Other (Spec	lfy)	State	Arline	gton I	Natio)/94	Ft	. My	ers.	, VA
21. SIGNATURE OF FUNERAL SER	VICE LICENSEE	1.1	11		22. NAME AND ADDRESS OF FACILITY Sol Levinson & Bros.								
Acea	2 M.	Litte	Ku		601				town R		-	more	, MD 21215
23. PART I. Enter the diseas ehock, or heert in	es, or complicat	lons thet ceu	sed the de	eth. Do no	t antar th	ne mod	da of dyl	ng, such	es cardiac	or respl	ratory an	rest,	Approximate
IMMEDIATE CAUSE (Final	an	17	0 -	0	1	1	*		1	2)			Intervel Batwean Onset and Desth
disease or condition resulting in death)	·W	neros	cero	rec	lan	de	ouse	feed	aco	De	pa	16	YEARS
	7	DUE TO (OR	AS A CONSEC	DUENCE OF)	4								
Sequantially list conditions,	4-1	TO (OR	AS A CONSEC	DUENCE OF)	/T_								
if sny, laeding to immedieta cause. Enter UNDERLYING	. 4	WE	OHO	NI	171	7							İ
CAUSE (Disease or Injury that initiated events		DUE TO (OR	AS A CONSEC	DUENCE OF)									
resulting in death) LAST	d												
PART II. Other eignificant co	nditions contrib	uting to deat	th but not r	esulting in	tha unde	erlying	Cause o	ivan in	Part i. 24a	. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
						,				PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
10/7		_							_ '	YES 2	LNO		OF DEATH?
DID TOBACCO USE O	ONTRIBUTE	TO CAUSE	OF DEA	TH YES		οП	UNC	ERTAIN					1 YES 2 NO
25. MAS CASE REFERRED TO MED EXAMINER?	HOM			E OF DEATH									
1 VES 2 NO	1 I Inpe	TAL: Sent 2 C ER/	Dutpatient 3		OTHER!	g Home	5 ∐ Re	sidence	6 Cl Other (Spr	ecity)			
27. MANNER OF CEATH		(Morg), Day Yes		29b. TIME	OF 21	Ic. INJU		,	28d. DESCRIP	E HOW IN	WURY OC	CURED	
Return 5 Pendi	gation	///	1/1		11/4	·	1 // F	NO		16	1		
3 Suicide 6 Could 4 Homicide determ	not be	bylides of in	South And	itto, tyfrig yf	bed factory	, onel	7/1		281. LOCATION City or Tig	(Strong a m, Stylle)	1 Magrico	or Aurei I	fouts Morriber
No. destroid					_	_	/			1	H		
(Check ant) CERTIFYIN	G PHYSICIAN: TO THE												a) end menner ae stated.
SIGNATURE AND TITLE OF C		3	-7		miny opin	1				prace, an			
MI	V	et	1	-11	1		GC. LICE	S U	9()		29d. DAT	SIGNED	(Month, Dhy, Year)
30. NAME AND ADDRESS OF BER	SON CWHO COMPLE	TED CAUSE OF	DEATH (ITE	W 27 Nype, F	Print)	0		7	100	4	~	1/2	-110/
31. DATE FILED (Month, Day, Year)	15E	14/	2	KD	1	5.4	11	the	REI	YD	21	120	26
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ALTIMORE, MARYLAND 21215-0020	death. Page 6 may be retained by the hospital or attending physician.	e funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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TO BE COMPLETED

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4 Homicide

	TO THE HOSPITAL OPPORTED BY PARTICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL MEETING Certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If then 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DEDECENT'S NAME (First, Middle, East) LOSE ERETZ 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) FUNDER 1 YEAR FUNDER 1 HERS. 7. DATE OF BIRTH (Month, Day, Year) (Month, Day, Year) (Month, Day, Year)	3. TIME OF GEATH 15 P M LACE (State or Foreign								
TOR	579-44-6065 1 M 2X F 100 YRS. 90. FACILITY NAME (If not institution, give street and number) Shady Grove Nursing Center Residence of Decedent Montgom									
DIRECTOR	100. STATE Maryland Montgomery 100. COUNTY ROCKVILLE	IOd. INSIDE CITY LIMITS?								
FUNERAL	100. STREET AND NUMBER 9701 Medical Center Drive 100. STREET AND NUMBER 20850 100. CITIZEN OF WH 20850 U.S.A.	AT COUNTRY?								
BY	Never Merried 2 Merried FORCES? 1 YES 2 L/NO If yes, specify Cuben, Mexican, Puerto Ricen, stc.) Black, 'I YES GIVE WAR OR DATES' 1 YES 2'V NO Specify.	- American Indian, White, etc. White								
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Seamstress Clothing									
BE COI	17. FATHER'S NAME (First, Middle, Lest) Morris Israel Katz 18. MOTHER'S NAME (First, Middle, Meliden Sumame) Dena Rae Pleet									
70	196. INFORMANT'S NAME (Type/Print) SUSAN RUBIN 197. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9108 Falls Chapel Way, Potomac, Md. 20854									
	20c. METHOD OF DISPOSITION 11/2 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE Of DISPOSITION (Name of Cemetery, cremetory or other piece) Mt. Lebanon Cemetery 9-29 Adelphi. Md.									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE T. VAME AND POPPES & SOFT TY FUNERAL Homes Falls Church, Va. 22046									
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DI ARRHEA DUE TO (OR AS A CONSEQUENCE OF):	Approximate Interval Between Onset and Deeth								
ERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
BY PHYSICIAN: MEDICAL CE	PERFORMED? 1 U YES 2 NO O	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?								
AN: N	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)	YES 2 NO								
YSIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpatient 3 DOA Nursing Home 5 Residence 6 Other (Specify)									
3Y PH	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY M 28c. INJURY AT WORK? 1 VES 2 NO 28d. DESCRIBE HOW INJURY OCCURED									
e	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Rou City or Town, State)	ite Number,								

29e. CERTIFIER (Check only one) riedge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee atated.

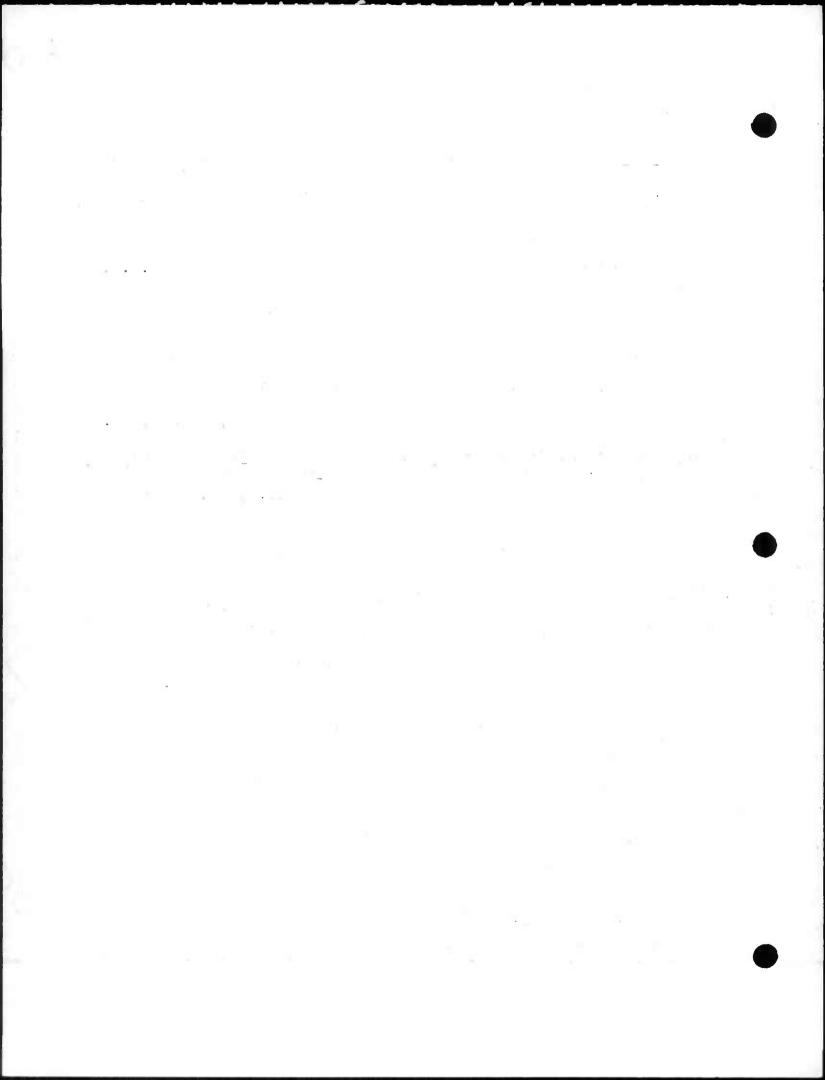
ONTH. Day, Year) BER He, 1994

SIGNATURE AND TITLE OF CERTIFIER	14	29c. LICENSE NUMBER	29d. DATE SIGNED (Mo
mahun Plossel	M	D38589	> SEPTEME

HAME AND ADDRESS OF PERSONNING COMPLETED CAUSE OF DEATH (ITEM 27) (TYPO, PTINI)

JONATHAN PLOTSKY, M.D. 15225 SHADY GROVE RD, ROCKVILLE

31. DATE EILED (Month, One Year) SEP 3 0 1994



BALTIMORE, MARYLAND 21215-0020

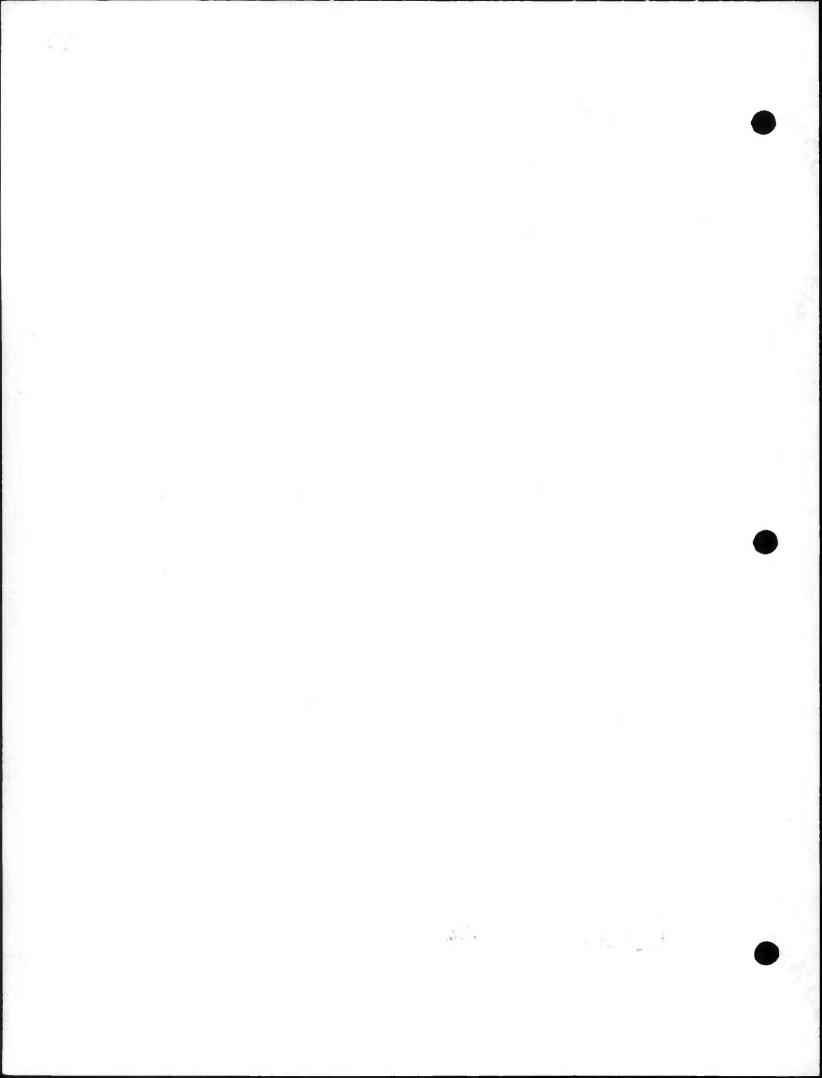
DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with mounts after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	sit permit. Pages 1, 2, 3 should
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

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	FOR 1 - STATE REGISTRAR	STATE OF M		DEPAR ERTIF							E		
	1. DECEDENT'S NAME (First, Middle, Last)	-	- Ci	ENIN	ICAT	E OF	DEA	п	2. DATE OF	REG. NO.			3. TIME OF DEATH
1 3	DUDIEN		RAMI	REZ					MONTH	DA		YEAR	3. TIME UP DEATH
	4. SOCIAL SECURITY NUMBER	ALCETAS 5. SEX	6. AGE (In yrs. les						9	28	3	94	M
1	THE STREET STREET	1 M 2 KWF		YRS.	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D	B)FITH By, Year)		8. BIRTHP	PLACE (State or Foreign
	576-74-2802		79	THS.	1 100					T. 16.1914 PHILIPPINE			
_	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CIT	, TOWN O	R LOCATIO	ON OF DE	EATH		9c. COU	NTY OF DE	ATH
DIRECTOR	501 FORREST LANE				Т	OWSO	N				BA	LTIMO) RE
[등	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY										Ba		
2				10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
1		LTIMORE		T	OWSO	V							1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101.	ZIP CODE				10g. CITI	ZEN OF W	HAT COUNTRY?
E	501 FORREST LANE							2128	86			TT	SA
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT O		IIC ORIGIN? (S	specify Yea	or No-	14. RACE	- American Indien,
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2	40	- 1	If yea, spe	city Cuba		n, Puerto Rica			Black, Specify	, White, etc.
B	3 X Widowed 4 □ Divorced		AT ON DAILE			1 TYES	X	Specify	y.				IPPINE
	15. DECEDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL O	CCUPATIO	N		16b. Kil	ND OF BUS	INESS/IND		
<u>5</u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(G	ive kind of a	work done se retired.)	during mos	st of workin	g	- F				
4	12	College (I-4 of 5 f	'	но	TC Test	ii rara					7 FD 1	IONE	
COMPLET	17. FATHER'S NAME (First, Middle, Last)			HU	JSEW	1 6.6	16 MOTE	IED'S NA	ME (First, Midd	tla Maidan I	AT F	(OME	
- 1										ne, manueli	aurranne)		
핆	SERVILLANO		CALC)NSU				NOBL	E
2	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Number	or Rural F	Route Number,	City or Town	, State, Zip	Code)	
	ELSA MERANI LEE			501 1	PRR	EST I	LANE	TOW	SON, M	D 21:	286		
	20e. METHOD OF DISPOSITION 1 ↑ Buriel 2 □ Cremation 3 □ Reme	oval Irom State	20b. PLACE a				me of		DATE	20c. LO	CATION -	City or Tow	vn, State
	4 Donation 5 D Other (Specify)	/	DULAN				4		10/3/9	4 T	TMONT	TUM _	MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	JOHN/	E. DOLA		22.	NAME AN	D ADDRES	S OF FA	CILITY				
1 1	XXIIIEV	hear!	Z. DOLLI						Funera		•		
	Harn Le					L050	York	Rd.	. Tows	on, N	1d. 2	1204	
	23. All I. Enter the diseeses, or of ahock, or heart failura.	complications that	ceused the de	ath. Do i	ot enter	the mo	de ot dyi	ng, eucl	h ae cardiad	or respin	ratory arr	est,	Approximate
	IMMEDIATE CAUSE (Finel		,	,									Onset and Death
	disease or condition reaulting in death)	Met	astatic	hre	act	Ca	ncer	-					N Sum
	readiting in deatily		OR AS A CONSE			CW	11.001						3413
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[윤]	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSE	DUENCE O	F):								
토	resulting in death) LAST												
8		d											
	PART II. Other aignificant condition	a contributing to	daeth but not r	eauiting	in the u	nderiying	cause g	iven in	Part I. 24	a. WAS AN			WERE AUTOPSY FINDINGS
MEDICAL										PERFOR	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE
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ä	DID TOBACCO USE	CONTRIBUTE	TO CAU	SE OF	DEA	TH Y	ES 🗌	NO	12				P
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Che	eck only one)				
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Ě	27. MANNER OF OEATH	28e. OATE OF		28b. TIM		28c. INJ	JRY AT		28d. OEŞCR		JURY OC	CURED	
	1 Natural 5 Pending	(Month, De	sy, Year)	IN.	M	1 Y	RK? ES 2	NO					
BY	2 Accident Investigation 3 Suicide & Could not be	28a. PLACE Of	F INJURY — At ho	me, ferm.	street, fac				28f. LOCATIO	ON (Street o	nd Number	or Burni Br	oute Number
8	4 Homicide 6 Could not be	building,	etc. (Specify)	,		,			City or T	own, State)	no manbo	OF FROME THE	oute Hamber,
PLET	AND CERTIFIED												
립	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge, de	ath occurr	ed at the	time, date	and place,	and due	to the cause(a) and men	ner se stat	ed.	
COM	one) 2 MEDICAL EXAMINE	R: On the basis of ex	amination and/or	Investigation	n, in my	opinion, de	with occur	ed at the	time, date en	d plece, and	d due to th	ia Couse(a)	end manner ea stated.
	29b. SIGNATURE AND TITLE OF CENTURE	. 11				T	29c. LICE	NSE NUM	MBER	T	29d DAT	F SIGNEO	(Mopth, Day, Year)
BE	1/1/	ul Cla						65			DA 6	7/20	1911
	U	- Dury	OF DEATH OTE				4	000	7		-	1/40	117

PLETED CAPEE OF DEATH (ITEM 27) (Type, Print)

l Loch Raven Blvd. Baltimore, Md.

Dr. Paul Chang 5601 SEP 3 0 1994 Julia



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	RTIF	ICATE C	F DEAT	ГН	MEII IAE	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		. <u> </u>					2. DATE O	F DEATH			3. TIME OF DEATH
- 3	SOFIYA]	RYZHIKOVZ	A				SEP	г. 27	,1994	1 YEAR	1:00A m
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEA	R IF UNDER	24 HRS.	7. DATE OF	BIRTH	T	8. BIRTH	IPLACE (State or Foreign
	218-37-1757	1 🗆 M 2 🔀 F	55	YRS.	MONTHS DAY	S HOURS	MIN.		28,1	030	y)	
	9a. FACILITY NAME (If not institution, give s	treet and number)		_	96. CITY, TOW	N OR LOCATIO	ON OF DE		20,1		NTY OF D	USSIA EATH
<u>د</u>	6948 MARSUE DR.,	ADT TO										
DIRECTOR	RESIDENCE OF DECEDENT	11.10								BAI	LTIMO	DRE
H.	10e, STATE 10b, COUNT			10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY
	MD. BAI	LTIMORE										1 YES 2 XNO
AL.	10e. STREET AND NUMBER					10f. ZIP CODE				10g. CITI	ZEN OF V	VHAT COUNTRY?
E I	6948 MARSUE DR.,	APT.1C				2121	15				U.S.	.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARM	AED		DECENDENT O				or No —	14. RACE	American Indian, c, White, etc.
ВУ	1 Never Married 2 Narried 3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES	0		specify Cubar (ES 25 NO			en, etc.)	- 1		WHITE
		<u> </u>										MUTIE
国	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Gh	ne kind of	USUAL OCCUP work done during	ATION most of workin	g	16b. K	IND OF BUS	SINESS/IND	USTRY	
5	Elementary/Secondary (0-12)	College (1-4 or 5	+)		se retired.)			- 1				
COMPLETED		4	NU	RSE					MEDI			
	17. FATHER'S NAME (First, Middle, Lest)	THE DESIGNATION						ME (First, Mic				
BE	NEVUKH SIMONOVIO	H REVZIN				PAS	_		OVLEVI			
2	19a. INFORMANT'S NAME (Type/Print) MR. GRIGORIY RYZE	ITIOU			ADDRESS (Stre							
		IIKOV			MARSUE							
	20s. METHOD OF DISPOSITION 1A Burlel 2 Cremation 3 Rem	oval from State	20b. PLACE A	ND DATE	OF DISPOSITION	(Name of	929/	/94ATE				wn, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERIAL SERVICE LIC	reunes A	ARLING	TON-	CHIZUK				BAI	TO.,	MD.	
- 1	140 /	114	10.			LEVIN			OS. T	JC.		
	Hydney h	- Much	thillen	2) . M	. 21215
	23. PART I. Entar the diseasea, prehock, pr heart fellura.	Emplications the	it caused the dea	th. Do	not enter tha	mode of dyl	ng, sucl	h ae cerdia	C Dr raepi	ratory arr	est,	Approximete
	IMMEDIATE CAUSE (Final	cist Dilly Dile Cat	aee on each lina.									Intarval Between Oneet end Death
	disease or condition resulting in daeth)	· Anas	arcu									Luma
	in agenty	DUE TO	(OR AS A CONSEO	UENCE O	F):							19.80
Z	Consentable that any datase	· Kadic	OR AS A CONSECU	Th	eropy							4 years
월	Sequentielly list conditions, if any, leeding to immediate	DUE TO	(OR AS A CONSEO	UENCE O	F):							1777
2	CAUSE (Disease or Injury	· Ovar	ian (Las	NUCT							Yyears
	thet initieted events reculting in death) LAST	DUE TO	(OR AS A CONSEO	UENCE O	F):							
CERTIFICATION		d										
٦	PART II. Other eignificant condition	e contributing to	deeth but not re	eulting	In the underly	ing ceuee g	Iven in	Part i. 2	4a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
DICAL									PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE
MED								— II ,	☐ YES 2	NO		OF DEATH?
≥	DID TOBACCO USE CONTI	PIRLITE TO CA	LISE OF DEAT	L VI		☐ UNC	EDTAIN					1 YES 2 NO
₹ I	25. WAS CASE REFERRED TO MEDICAL	TIDOTE TO CA			TH (Check only o		LKIAII	101				
<u>8</u> ⊪	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetlant 3		OTHER:							
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF		28b. TIM	4 Nursing F	INJURY AT	sidenca		Specify)	HIER OCC	CHEED	
	1 Natural 5 Pending	(Month, D			URY	WORK?	l NO	200. 02.00	NOL HOW II	100111 000	JONED	- 1
BY	2 Accident Investigation 3 Suicide 6 Could get be	28e. PLACE C	OF INJURY At horr	e, ferm.			-	28f LOCAT	ION (Street a	nd Number	or Rural B	loute Number,
	4 Homicide 6 Could not be	building,	atc. (Specify)		most eelit.				Town, State)	TO TROMBO	or runary.	DOIO NUMBON,
9	29a. CERTIFIER	Olan Ton borre								_		
₹	(Check only one) 2 MEDICAL EXAMINE											
COMPLETED	one) 2 MEDICAL EXAMINE	$\overline{}$	Administract Eng/o/ In	vestigatio	ii, in my opinio	, demit occur	ed at the	time, data ar	id placa, and	due to th	e cause(a) and manner as stated.
B	206. SIGNATURE AND TITLE OF CERTIFIER	()	A-	_		29c. LICE	NSE NUM	IBER		29d. DATE	SIGNED	(Month, Day, Year)
5	PREVIOLAND ADDRESS OF THE	1	Alm	1		103	69	Slo			127	194
1	400 N. Wel		SE OF DEATH (ITEM	1, 1						0		
}	31. DATE EILED (Month, Day, Year)		IR'S SIGNATURE	rit	MON		ΛD	- 4	212	67	7	
	SFP 3 0 1994	Talia Marie	and I									

The Total State of the Contraction

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

9

29e. CERTIFIER (Check only

TO BE COMPLETED BY FUNERAL DIRECTOR

BIIG									74	6	0033	
FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND					MENTAL		E			
1. DECEDENT'S NAME (First, Middle	Last		EHITFIC	ATE OF	DEA	I H	DATE (REG. NO.				
	ITH						MONTH	DA	¥	YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	et hirthrien) et	F UNDER 1 YEAR	IF UNDE	2.04.1400	SEI 7. DATE O		7	94	7:26P PLACE (State or Foreign	M
215-88-5587	1K) M 2 □ F	20	77	OHTHS DAYS	HOURS	MIN,	(Monte	T. 13,	974	Country	yland	
9e. FACILITY NAME (If not institution), give street and number)		9	b. CITY, TOWN	OR LOCAT	ON OF DE		1 . 10,1		INTY OF DE		_
UNIVERSITY		S.T.U.		BALTI						N/A	-AIH	
RESIDENCE OF DECEDE	NT									N/A		_
	COUNTY			OWN OR LOCA							10d. INSIDE CITY LIMITS?	
MD	N/A		Ba.	ltimor	5						1 YES 2 NO	
10e. STREET AND NUMBER	- 2			10	f. ZIP COD				_		HAT COUNTRY?	
4017 Bonner R					2121	.6			U.	S.A.		
11. MARITAL STATUS 1 X Never Merried 2 Merrie	fORCES?	NT EVER IN U.S. AF	RMED NO	13. WAS DE	CENDENT (OF HISPAN	NIC ORIGIN?	? (Specify Yes lcan, etc.)	or No-	14. RACE Black	- American Indien, Whita, etc.	
3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES			2 X NO					Specif	y:	
15. DECEDENT	'S EDUCATION	18e. DE	CEDENT'S US	UAL OCCUPATI	ON		16b.	KIND OF BUS	INESS/INI	DUSTRY	Black	
(Specify only higher Elementary/Secondary (0-12)	college (1-4 or 5	(0	ive kind of work Do NOT use re	done during m	ost of worki	ng	1	ternat			1 and	
12th	N/A	"	Sales	man			Pe	rfumes	5			
17. FATHER'S NAME (First, Middle, L	ast)				16. MOT	HER'S NA	ME (First, M	liddle, Maiden S	Sumame)			
Robert Smith,	Sr.				Sha	ron	Mayes	S				
19e. INFORMANT'S NAME (Type/Prin	nt)	19	b. MAILING AD	DRESS (Street	and Number	r or Rural i	Route Numbe	er, City or Town	. State, Zip	p Code)		
Sharon Mayes		4	017 BC	nner R	cad/i	Balt	imore	, Mary	yland	d 212	16	
20e. METHOD OF DISPOSITION 1X□XBuriel 2 □ Cremetion 3 □	Ramoval from State			DISPOSITION (N		CTCI	DATE	20c. LOC	CATION —	City or Tov	vn, State	
4 Donation 5 Other (Specifi	y)	_ CEU/	TROPY OF OTHE				1	- L GL	EN	BUK	NIE,MD	
21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE	1		22. NAME A MARCH	FUNE	SS OF FA	HOME	EAST				
sel V.	Stolla	nd							MORE	E, MD	21202	
23. PART I. Enter the disease	s, or complications the	at caused the de	eath. Do not	entar tha me	da of dy	ing, suc	h as cardi	ac or respir	ratory an	rest,	Approximate	
IMMEDIATE CAUSE (Final	mure. List only bhe car	use on each line		A	r 0	^	. (00			Onset and Das	
disease or condition resulting in death)	Co	rshol	WOL	rd 51	7 p	ock	-00		eat			
	DUE TO	OR AS A CONSE							-0 V			
Sequentisity list conditions,	b											
if any, leading to immediate cause. Enter UNDERLYING	OUE TO	(OR AS A CONSE	OUENCE OF):									
CAUSE (Disease or injury	C. DUE TO	(OR AS A CONSE	OHENCE OF									
that initiated events resulting in death) LAST		(on AS A CONSE	OUZNOE OF J.								İ	
	d										1	-
PART II. Other algnificant cor	ditions contributing to	death but not	resulting in t	ha underlyin	g cause	given in	Part I.	24s. WAS AN /			WERE AUTOPSY FINDING	iS
								1	□ NO	- 1	COMPLETION OF CAUSE DF DEATH?	
							_ [1 YES 2 □ NO	
DID TOBACCO USE C	ONTRIBUTE TO CA	USE OF DEA	TH YES	□ NO [UNC	ERTAIN	N D					
25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:	26. PLAC		Check only one)								
NYES 2 □ NO	1 Inpatient 2)	Č ER/Outpatient 3		THER:	6 5 🗆 Re	sidence	6 🗆 Other	(Specify)				
27. MANNER OF DEATH 1 Netural 5 Pendin	26a. DATE OF	F INJURY Year)	28b. TIME O	Y W	URY AT	<u>/-</u>]	28d. DE\$0	BIBE HOW IN	JURY OG	CURED	1	
2 Accident Investig	petion 100	194	1193	M 1 🗆		NO		أوم	-cy	8/	-es/	
3 Suicide a Could r	pullating.	F INJURY — At he etc. (Specify)	ome, farm, stre	et, factory, offic			261. LOCA	TION (Street at Town, State)			C RO	
			1 1-17	1			14	11111	P	INYCI I	LNI	

29c. LICENSE NUMBER

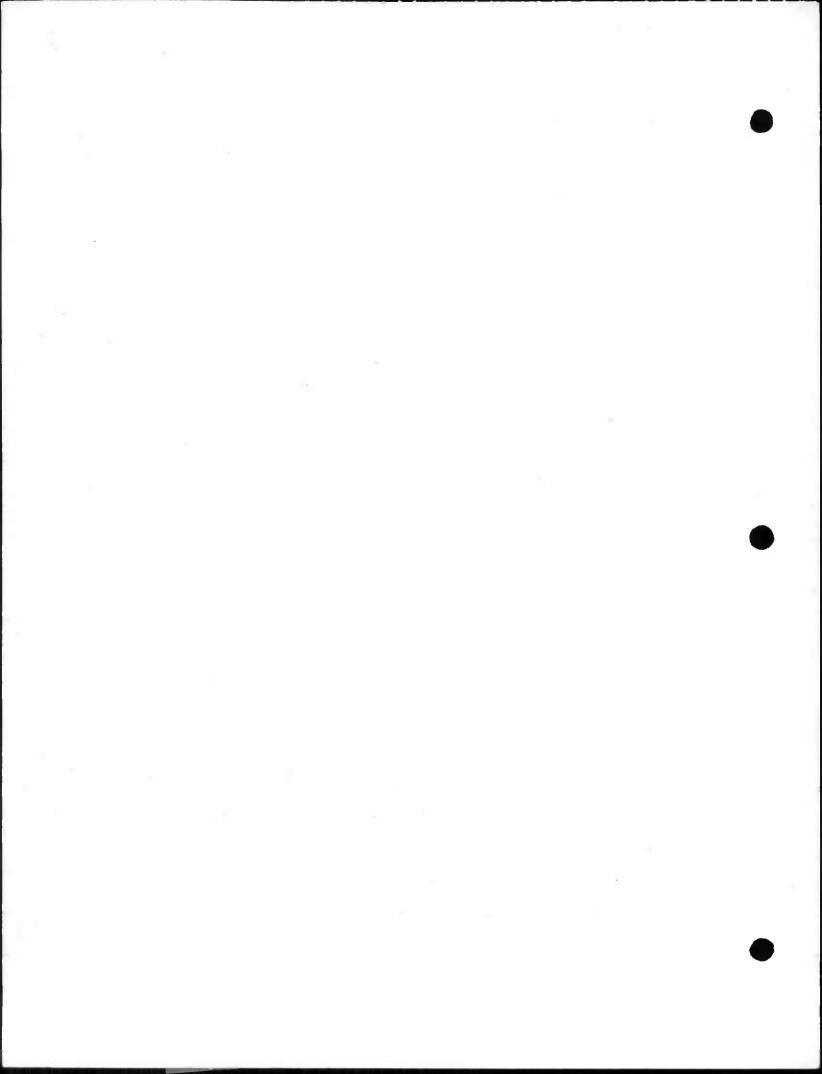
O.C.M.E.

OF DEATH (ITEM 27) (Type, Print)
111 Penn Street, Baltimore, Maryland 21201

DHMH-16 Rev 1/89

28/94

29d. DATE SIGNED (Month, Day, Year)



CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

											9	4	28	3836	
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND A	DEPAI					MENTA	L HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)	1						177		OF DEATH			3. TI	ME OF DEATH	
	AMELIA MAN	RGARET SM	ITH					SEP			994	1	:20 P.	N	
	4. SOCIAL SECURITY NUMBER	S. SEX	S. AGE (in yes. la	er birtholey)	# UNDER	T YEAR	IF UNDER	24 HRS.	7 DATE	OF BIRTH		6. BIRTH	IPLAC	E (State or Foreign	_
	215-09-1426 Bit. FACILITY NAME (IT not institution, give	1 🗆 # 2 💢 #	86	YRS.	Month, Day, Year				8, 190		MAR	Ϋ́LA	AND		
BO	118 GRANADA ROA			96. CITY, TOWN OR LOCATION OF DEATH PASADENA							NE A		IDEL		
5	RESIDENCE OF DECEDENT														_
DIRECTOR	MARYLAND 106. COUN	TV			ALTI		ION						200	INSIDE CITY LIMITS? YES 2 NO	
	10s. STREET AND NUMBER					100	ZIP CODE	i			10a CI	IZEN OF Y		COUNTRY?	_
FUNERAL	1223 HAVERHILL ROAD					- 1		- 2122	9		rog. Cri	U.S			
BY	11, MARITAL STATUS 1 Never Married 2 Married 2 Widowell 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES JA		- 1	If yes, spe	ENDENT O	n, Mexica	n, Puerlo	N? (Specify Yes Ricen, etc.)	or No—	14. RACE Black Speci	k, Whii	merican Indian, le, atc. WHITE	
COMPLETED	18. DECEDENT'S ED (Specify only highest grad	UCATION	16a, 06	ECEDENTS	USUAL O	CCUPATIO	N.	37	168	. KIND OF BUS	INESS/IN	DUSTRY			-
=	Elementary/Secondary (0-12)	College (1-4 or 5		Hirt Kind of L Do NOT u	se retired.)	during mo	at of working	4							
₫	8TH GRADE			PERV	ISOR				E	MBROID	ERY	COMP	ANY	,	
6	17. FATHER'S NAME (First, Michille (Jatt)						18. MOTH	HER'S NA	ME (First,	Middle, Maiden	Surname)				_
0	EDWARD SCHWARTZ FREDARICKA DECKER														
8E	Manufacture was a second of the second of th										o Code)			_	
٩	MRS. JANET STRAUSS 118 GRANADA ROAD - PASADENA, MD									1122					
- 1	20s. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Hemoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)									City or To	wn, St	lata	_		
	4 Donation 5 Dither (Specify)		LOUDON	PAR	K CE	METE	RY		9/3	O BAL	TIMO	RE			
	21. SIGNATURE OF PANERAL SERVICE L	ICENSEE /	1	11			D ADDRES								_
	Tour Soil	1	HOK	1						OME, IN					
\neg	22 PART I Fotos the discourse),4-		41	07 V	VILKE	ENS A	AVEN	JE-BALT	CIMO	RE, M	D.	21229	_
	23. PART I. Enter the diseases, pr shock, pr heart feilure	List only one ceu	se on each line	eath. Do	not enter	the mo	de of dyl	ng, auci	h aa cen	diac or respi	ratory ar	rest,		Approximeta Interval Batwee	еΠ
	IMMEDIATE CAUSE (Final	0 /	1 01							. §				Onset end Daa	
	diseese or condition resulting in death)	. ('erebro	ll Eden	na	QUI.	th	Dhe	a	Herr	vation	-		- !		
į		0 1	(OR AS A CONSE	QUENCE O	F):		-			W-4(1.					
Z	Sequentially list conditions,	a (èreby		umo											
티	if any, leeding to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):										_
2	CAUSE (Disease or Injury	c													
RTIFICATION	that initiated evente resulting in deeth) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):										
CER															_
AL.	PART II. Other significent condition	na contributing to	death but not i	reculting	In the ur	nderlying	cause g	given in	Part I.	24a. WAS AN		24b.		AUTOPSY FINDING	s
8	Hypertension	coronary	arteur	Disc	case	٠				1 TYES 2			COMP	ABLE PRIOR TO LETION OF CAUSE	
Ä	annythmia of DEATH?														
BY PHYSICIAN: MEDICAL	DID TOBACCO USE	CONTRIBUT	E TO CAL	JSE O	F DEA	TH '	YES [7 NO	$\overline{\circ}$ \square				• 🖵	.13 2 NO	
¥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DE	EATH (Che	eck only or	10)					-
SIC	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		5 [P-	aldence	a la non-	r (Specify)	gliter)	Hom	Ç,	And	1.
₹ I	27. MANNER OF DEATH	28a. DATE OF	INJURY	26b. TIN	E OF	28c. INJU	JRY AT		-	SCRIBE HOW IN	UURY OC	CURED	Kd	. Hasadena	K
7	1 Natural 5 Pending	(Month, D	ay, Year)	IN.	JURY M	1 🗌 Y	RK? ES 2	NO							
m	2 Accident Investigation	7.0	-	<u> </u>				\rightarrow							

2 Accident 3 Suicide

4 Homicide

(ETED

TO BE

IMPORT

TO THE HOSPHAL OF TO THE FUNERAL DISC. DE SING WEN'S 72 MOU

29c. LICENSE NUMBER

D22842

DID TOBACCO USE	CONTRIBUTE	TO	CAUSE	OF	DEATH	YES		NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26	PLACE OF	DEAT	H (Check
1 TYES 2 NO	HOSPITAL:	200	M 2 7 50		THER:	- 6		

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Month, Day, Year) 194

9 18

29a. CERTIFIER (Check only one)

2 MEDICAL EXAMINED: On the best of my knowledge, death occurred at the time, one)

2 MEDICAL EXAMINER: On the beels of axamination and/or investigation, in my

At home, term, atraet, factory, office

	Jueu). Tho	moso	$\sim (N)$			
0.	NAME AND ADDR	ESS OF PER	SON WHO CO	MPLETED CAUS	E OF DEATH	(ITEM 27) (Type.	Pri

SUE THOMPSON - 3918 POTEE STREET - BALTIMORE, 21225

SEP 3 1994 4. RESISTRATE SIGNATURE

8 Could not be determined

29b. SIGNATURE AND TITLE OF CERTIFIER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CF	ERTIFI	CATE O	F DEATH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE DE	DEATH		RASY	3. TIME OF DEATH		
	James Smith					Sept		199		2310 M		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF	BIRTH		8. BIRTH	PLACE (State or Foreign		
	406-38 - 1894 1X□ M 2 □ I	62	YRS.	MONTHS DAY	B HOURS MIN.	AUG.	17,19	COLE	MAN KENTUCKY			
ОВ	9e. FACILITY NAME (If not institution, give street and number) Backyard of - 3613 Jaywood Avenue RESIDENCE of Decedent			FORE	TOWN OR LOCATION OF DEATH RESTVILLE 1+1-nd Prince Georges							
5												
DIRECTOR	10a. STATE 10b. COUNTY MD PRINCE GEOR	GES				10d. IHSIDE CITY LIMITS? 1 YES 2 NO						
	10e. STREET AND HUMBER	OLD	1 4	FOREST			_	10c CITI	ZEN OF W	HAT COUNTRY?		
FUNERAL	3613 JAYWOOD AVENUE		101. ZIP CDDE 2 0 7					747 1 U.S.				
2	11. MARITAL STATUS 1 ☐ Never Merried 2 [X] Merried 1 ☐ Never Merried 2 [X] Merried	DEHT EVER IN U.S. AR	NO		ECEHDENT OF HISPA specify Cuban, Mexic			or Ho-	14. RACE Black	— American Indian, t, White, atc.		
B		FORCES? 1 VES 2 NO IF YES, GIVE WAN OR DATES KOREAN CONFLICT							Specifi WHI:	*		
COMPLETED	15. DECEDENT'S EDUCATION			JSUAL OCCUP		16b. K	HD OF BUS	SIHESS/IND				
	(Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or	life	Do NOT use	ork done during retired.)	most of working	(OF	FICE	OF I	NTER	IOR)		
립	12TH GRADE 6 YR						S. GO					
0	17. FATHER'S HAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Mid	dle, Malden	Sumame)				
0	JAKIE SMITH					SMITH :		,				
BE	19a. IHFORMAHT'S NAME (Type/Print)	19'	b. MAILING	ADDRESS (Stre	et and Number or Rural				Code)	0.07.47		
2	JANICE ROSE SMITH				AVENUE -		-			20747 20741		
	20e. METHOD OF DISPOSITION			FDISPOSITION		DATE	_	CATION —				
	1 General 2 Crametion 3 Removal from State 4 Donation 5 Other (Specify)	cemetery, cre	metory or oth	CEME	PEDV		LYN					
	21. SIGHATURE OF FUHERAL SERVICE LICENSEE	prkine	HILL			TO/ I	LLIN	CHDU	XG,	VA.		
	· Marketto V	Muse	>		AND ADDRESS OF FARD FUNERAL WILKENS				E. MI	D 21229		
	23. PART I. Enter the diseases, or complications	that caused the de	ath. Dp no							Approximate		
	ahock, or haart fallure. List only one	auae on aach lina	1.							intarval Batween Onset and Daath		
	disease or condition GUNSHOT WOUND OF HEAD GUNSHOT WOUND OF HEAD											
	roducting in oducti)	TO (OR AS A CONSEC										
		TO (OIL AS A CONSEC	OUENCE OF	,.								
CERTIFICATION	Sequentially list conditions, b. DUE	TO (DR AS A CONSEC	DUEHCE OF):								
AT	If any, leading to immediate cause. Enter UNDERLYING	•								j		
잂	CAUSE (Disease or Injury that Initiated events	TO (OR AS A CONSEC	OUEHCE DF)):								
Ē	resulting in death) LAST											
핑	d											
	PART II. Other algnificant conditions contributing	to death but not r	rasulting in	tha underly	ring causa given in	Part i. 24	la. WAS AH PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
DICAL							YES 2			COMPLETION OF CAUSE		
빌										DF DEATH?		
PHYSICIAN: ME	DID TOBACCO USE CONTRIBUTE TO	AUSE OF DEA	TH YES	S 🗆 NO	☐ UNCERTAI	NDA	TOO C	May				
¥	25. WAS CASE REFERRED TO MEDICAL			H (Check only o								
SIC	EXAMINER? 1X YES 2 NO 1 Inpetient	2 ER/Outpatient 3	DOA	OTHER:	ome 5 Residence	6 Other /9	Pracify)					
ΞI	27. MAHHER OF DEATH 26e. DATE	OF INJURY	28b. TIME	OF 28c.	IHJURY AT	28d. DESCR		HJURY OCC	CURED			
	1 Hetural 5 Pending	9-28-94	11:01		WORK? YES 2 XX NO	SELF-IN	IEL TOTA	ED GUN	SHOJ.	MOUND		
B	a/√V Butata 28e. PLAC	E OF IHJURY — At ho	1 4 4 4 4							loute Number,		
	4 Homicide determined	ng, etc. (Specify)				City or	Town, State)	3613 J	DAYWOO	D AVE.		
١	200 CERTIFIER	: BACKYARD				SUITLAN						
COMPLETED	(Check only 1 CERTIFYING PHYSICIAN: To the best											
Ö	2 MEDICAL EXAMINER: On the basis of	f examination end/or i	Investigation	, in my opinior	, death occured at the	time, date en	d place, en	d due to th	e ceuse(s)	end menner es stated.		
BE	296 SIGNATURE AND TITLE OF GERTIFIER				29c. LICEHSE NU	MBER		29d. DATI	E SIGNED	(Month, Day, Year)		
	mulipue neyfull				0.0	M.E.		P SC	ent.	29 1994		
2	30. HAME AHD ANDRESS OF PERSON WHO COMPLETED C	•	M 27) (Type, I	Print)		The Pro-			-111-	7.7 1774		
	31. DATE FILED (Month, Day, Year) (1. 1.32. REGIS)	Who 11	1 Pe	nn St	reet, R	altim	ore,	Maı	ryla	nd 21201		
	SEP 30 1994	THE STREET STREET	,									

DIVISION OF VITAL RECORDS, P.O. BOX 687604 ID THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to bunal, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. T.

Item#4 Per F.H. Film# G-715 09/30/94 R.M.

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1 - REGISTRAR		CERTIFICA	TE OF DEATH	REG.	NO.				
		1. DECEDENT'S NAME (Figst, Middle, Last)	Clayton	Sirch	Air	2. DATE OF DEATH	H DAY XE	3. TIME OF DEATH 2332 M			
2		4. SOCIAL SEC 217-78-997	5-SEX 6. AGE ('In yrs. last birthday) IF	NOTER 1 YEAR IF UNDER 24 I		10	BIRTNPLACE (State or Foreign Country)			
1, 2, 3 should	CTOR	DEATON SPECIAL RESIDENCE OF DECEMENT	ty Hospita	1 11	BAH MOME	OF DEATH	9c. COUNTY	OF DEATN			
Pages	DIRE	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
an. ransit permit.	UNERAL	3806 Harte			101. ZIP CODE	/	(of what country?			
215-0020 attending physician. se as the burial-transit	BY F	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO		lexican, Puerto Rican, etc.					
21 al or for u	PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work Wa. Do NOT use ret	done during most of working red.)	16b. KIND OF	166. KIND OF BUSINESS/INOUSTRY				
AN the hos detach	BE COMPL	17. FATNER'S NAME (First, Middle, Last) Jadia Sina	lain	aran	18. MOTHER	'S NAME (First, Middle, Mel	den Surname)				
	TO B	100. INFORMANT'S NAME (Type/Print)	clair	3806	RESS (Street and Number or Harlem		Town, State, Zip Coo	2/229			
AORE, le 6 may be rector, page must be		20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Remark 4 Donation 6 Other (Specify)		D. PLACEAND DATE OF DI metary Grematory or other	lace)	DATE 200	LOCATION - CHY				
BALTIMORE, after death. Page 6 may be by the funeral director, page moval. Ilcal examiner must be		21. SIGNATURE OF FUNERAL SERVICE LIC	BASEE B.	the	March F.	H. West	A Sure				
within fours within fulled in cremation, or re		23. PART I. Enter the disease, or canock, or head fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. ACQUIRE	ech line.	nter the mode of dying			Onset and Death			
Cortificate be execunding physician and Hygiene prior to bur other traumatti	ERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
RECORDS requires that the consigned by the of Health and Me shows any injury.	MEDICAL C	PART II. Other aignificant condition GASTNOCUTAN			e underlying cause give	PER	S AN AUTOPSY IFORMED? S 2 (T) NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN? 1 YES 2 NO			
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	on on	26. PLACE OF DEAT	H (Check only one)					
OF HYSIC his cer with th		1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 A Inpetient 2 ER/Outp 28e. OATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	Nursing Home 5 Reside 28c. INJURY AT WORK? 1 YES 2 N	28d. DESCRIBE HO	DW INJURY OCCUR	ED			
DIVISION L OR ATTENDING P L DIRECTOR: After t Phours after death I tem 28 is mari	ЕТЕР ВУ	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec	At home, farm, stree	, factory, office	28f. LOCATION (Str. City or Town, S.	reet and Number or Fitate)	tural Route Number,			
5 4 6 7	COMPLE		CIAN: To the best of my known: R: On the beste of examination					ouse(e) end manner ee stated,			
TO E HOSPI TO THE FLINER TO WITHIN	TO BE C	2016 SIGNATURE AND TITLE OF CERTIFIER	Sallan	2	29c. LICENS	NUMBER //36	29d. DATE SH	GNED (Morith, Day, Year) DAYSER 27, 1994			
(3)		BLIAN C. WACCA	ct, mg, 611	S. CHALL	5 57 BALT	Imore, m	D 2/2	30			
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	1		MEN				

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FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
Item#6,1	Items23parta,27,28a,b,c,d,e,f 10-5-94 9a Per F.H. Film# G-715 09/30/94 R.M.	2000
L.R.B.	Items23parta, 27, 28a, b, c, d, e, f 10-5-94	2883

	- 1	1. DECEDENT'S NAME (First, Middle, Li	at)	CERTIF	ICATE O	PDEATH	REG. N	10.		
			R.				MONTH		3. TIME OF DEATH	
	- 4	WTT,T,TAM 4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	SPAR IF UNDER 1 YEAR		SEPT 24		8 • 4 9 P M	
PA		226-86-5997		38-37 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	956	Country) Va	
, 3 should	<u>۳</u>	ST. AGNES HOS	· ·			imore C:		9c. COUNT	Y OF DEATH	
1, 2,	ECTOR	RESIDENCE OF DECEDENT								
it. Pages	DIRE	Md 10e. STATE	NTY	7.00	ry, town on Loc alto	ATION			10d. INSIDE CITY LIMITS? 1 XXYES 2 NO	
DZC physician. burlal-transit permit. Pages 1,	FUNERAL	100. STREET AND NUMBER 4317 Spencer	Street		1	IOF. ZIP CODE			N OF WHAT COUNTRY?	
DAV	E I	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED			NIC ORIGIN? (Specify in, Puerto Ricen, etc.)	Yea or No- 14	Black, White, etc.	
D-0020 ending physic as the burial	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		ES 2 NO Specif			Specify: Black	
d or attendi	TEC	15. DECEDENT'S I (Specify only highest g	ade completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during r	TION most of working	16b. KIND OF	BUSINESS/INDUS	TRY	
a g p	COMPLETED	Elamentary/Secondary (0-12) 12th	College (1-4 or 5+)		30 100/02.7		Dunda	lk Mari	ne Terminal	
by the hose be detach		17. FATNER'S NAME (First, Middle, Last) ROOSEVELT Spat	an out			1	ME (First, Middle, Maid	len Sumame)		
retained to 5 should notified	BE	194. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	LUCY BO	Route Number, City or 1	fown State Zin Co	oriel	
y be reta y be reta age 5 sl	70	Roosevelt Span	Y ROSS				Balto, I			
ALLIMORE, death. Page 6 may be funeral director, page examiner must be a		20a, METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 F 4 Donation S Other (Specify)	emoval from State Ca	metery, cremetory or d Arbutus	of disposition (in the colors of the colors	Name of al Park	93094 A1	LOCATION — CIT		
death. Page 6 ma funeral director, p		21. SIGNATURE OF FUNERAL SERVICE		711 54 643		AND ADDRESS OF FA		54545,	110	
after deat by the fun moval. Ical exar		Flame	H. Ken	psin J	430	0 Wabas	sh Avenue			
filled in toon, or re		23. PART Entar the diseases, shock, or heart feliu iMMEDIATE CAUSE (Finel disease or condition	Narcotic	aach iina.				spiratory arres	t, Approximata interval Batween Onaet and Daeth	
completely fille ial, cremation,		resulting in death)	a	A CONSEQUENCE O		IIICOXIC	acion			
and co	CATION	Sequantially list conditions, if any, leading to immediate	b	A CONSEQUENCE O	F):					
ficate be ophysician ne prior to	CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	C	A CONSEQUENCE O						
Hygie G	ERTIFI	that initiated events resulting in death) LAST	d	A CONSECUENCE O	e):					
the death the atter the atter d Mental	O	PART ii. Other significant condit	ions contributing to death	but not resulting	in the underivi	ng cause given in	Part i 24a WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
2 2 2 -	EDICAL						PERF	ORMED?	AVAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH?	
w requires that been signed to pt. of Health a	Σ	DID TOBACCO USE CON	STRIBUTE TO CAUSE (DE DEATH YE	ES II NO I	UNCERTAIL			1 YES 2 - NO	
1 0 6 8 0 L	IAN:	25. WAS CASE REFERRED TO MEDICAL	L L	26. PLACE OF DEA			101			
SICIAN: The lacertificate has the State Dept.	YSICI	YES 2 NO	HOSPITAL: 1 inpetient 2 ER/Out	tpatlant 3 DOA	OTHER: 4 Nursing Ho	ome S - Realdenca	6 Other (Specify)			
를 를 를 들	표	27. MANNEN OF DEATH 1 Natural 5 Pending	(Month, Day, Year) 9-24-94	28b. TIM	JURY W	NORK?	28d. DESCRIBE HON		RED	
OR ATTENDING IDIRECTOR: After hours after death	D BY	2 Accident Investigation 3 Suicide 6 Could not	28s PLACE OF INJUR	Y — At home, farm,		CALLED MINERAL CONTRACTOR	28f. LOCATION (Stre	K N O W N		
OR ATTEN DIRECTOR: hours after Item 28 I	<u>H</u>	4 Homicide A determined	Found; H	ome				ncer	Street Md.	
DOSTAL O	COMPLE		YSICIAN: To the best of my know						ause(a) and manner as stated.	
THE STATE OF	H	296. SIGNATURE AND TITLE OF CENTS	SIEM SI	_		O.C.M		29d. DATE S	IGNED (Month, Day, Year) T 25 1994	
	유	30, NAME AND ADDRESS OF PERSON	WHO PAPLETED CAUSE DF DI	EATN (ITEM 27) (Type	Print)				d 21201.	
	-	31. DATE PILER (Month, Del Vilva)	A 32 REGISTRAD'S SIG	II.	PLIFEI	-, Dalil	more, M	ат А тап	u 21201.	
_		31. DATE EP 30 1994	of the Daniel	Lucia						

REG. NO.

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2. DATE OF DEATH MONTH 9 2

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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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	IOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within a fours after death. Page 6	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directs

	214-24-324		1 M 2 X F	9.3	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF (Month, D. 12-17	ay, Year)		Country) Mary	ace (State or Foreig Land
~	9e. FACILITY NAME (If not in	nstitution, give s	street end number)			9b. CITY	, TOWN	OR LOCATION	ON OF DE	ATH			TY OF DEAT	
ğ	Pickersgill					Tot	wson		No.	Page .		Balt	imore	9
DIRECTOR	Maryland	10b. COUNT	y imore			ry, town o	OR LOCAT	TION						Dd. INSIDE CITY LIMITS?
- 11	10e. STREET AND NUMBER		THOTE		1 10	wson	101	. ZIP CODI	E			10a, CITIZ		YES 2 NO
	615 Chestnut	t Ave.						2120	4			U.S		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo	Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2			If yes, sp		n, Mexica	IIC ORIGIN? (S n, Puerto Rica /:		or No-	14. RACE -	American Indian, Vhite, etc.
E		EDENT'S EDU		16e. l	DECEDENT'S (Give kind of	USUAL O	CCUPATIO	ON set of working	207	t6b. KII	ND OF BUS	SINESS/INDU		
COMPLE	Elementary/Secondery (t		College (1-4 or 5	+)	OUSEW	ise retired.)	ourng mo	St Or WORKE	9	C	wn H	ome		
5	17. FATHER'S NAME (First, M	fiddle, Last)						16. MOTI	HER'S NA	ME (First, Midd	lle, Maiden	Sumeme)		
w	Ernest	J.	Clark			_		Mar	ie	DeLa	Tour			
0 0	19a. INFORMANT'S NAME (Route Number,			Code)	
	Joseph Clar				6 Bar	nwel:	l Ct	. Ba	ltim	ore, M	id. 2	1234		_
	20e. METHOD OF DISPOSIT 1 □ Buriel 2 ½ Cremetic		oval from State		EAND DATE			ame of		DATE	20c. LO	CATION — C	ity or Town	, State
- 1	4 Donetion 5 Other 21. SIGNATURE OF FUNERA				ltop	Serv	ice			9-30	Tow	son,	Md.	
	21. SIGNATURE OF FUNERA	2	CENSEE	// //	2/2			TOWS:		uneral	Hom	e. Tn	С	
			46	My						Towso				
CERTIFICATION	Sequantially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events reaulting in death) LAS	diata iNG iry	b. DUE TO	OR AS A CONS OR AS A CONS OR AS A CONS	SEOUENCE O	IF):		_						
EDICAL	PART II. Other algnifica	Condition	ten -	779	t resulting			g cause g	given in		e. WAS AN PERFOR	MED?	CC	ERE AUTOPSY FINDI MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
Σ	DID TOBACC	O USE	CONTRIBUTI	E TO CAL	USE OF	DEA	ГН Ү	ES 🗀	NC	<u> </u>			1	YES 2 NO
CIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL					26. PL	ACE OF D	EATH (Ch	eck only one)		_		
	1 VES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 DOA	4 Nur		e 5 🗆 Re	sidence	6 Other (S)	pecify)			
BY PHYS		Pending Investigation	28e. DATE OF (Month, E		26b. Tile IN.	_	28c. INJ WO			2ad. DESCR		NJURY OCC	URED	
ETED 8	3 Suicide 6	Could not be determined	28e. PLACE C building,	OF INJURY — At etc. (Specify)	home, ferm,	street, fact	lory, offic	•		281. LOCATIO City or To	ON (Street a own, State)	ind Number o	or Rural Rout	ta Number.
COMPLE		TIFYING PHYS	CIAN: To the best of									ner ee atate		
ਲ਼ 	one) 2 MED	ICAL EXAMINE	R: On the beele of e	xamination end/o	or investigation	on, in my o	pinion, d	eath occur	ad at the	Ilme, date end	f place, and	d due to the	ceuse(e) e	nd manner aa state

SEP 3 0 1994 Julia Musical Residence of the second of the

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

94 28840

3. TIME OF DEATH

a. BIRTHPLACE (State or Foreign Country) Maryland

> Approximate interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

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nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

permit. Pages 1, 2, 3 should

should be detached for use as the burial-transit

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DIVISION OF WITH RECORDS, P.O. BOX 68760

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OR ATTENDING THIS ICAN TE law requires that the death certificate be executed with	DIRECTOR After this second has been signed by the attending physician and completel nouns and retail hygiene prior to burial, cremand mental Hygiene prior to burial, cremand the second
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TTENDING	CTOR: After after death

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Item

31. DATE FILED (Month, Day, Year)

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Item#s 14.10.e. G-film 715 per F.H 9/30/94 P.C FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENZ TIME OF DEATH SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS ₩² MD 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SINAI HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g CITIZEN OF WHAT COUNTRY? 3020 FALLSTAFF RD.XX 21209 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 14. RACE — American Indian, Black White, atc. Specify: White If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 Never Married 2 Married YES, GIVE WAR OR DATES 1 TYES 2 NO BY Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 166 KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done ife. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 8 TRUCK DRIVER RETHLEHEM STEEL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) MEYER BE STEIN SARAH 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. ROSE STEIN 3020 FALLSTAFF RD., BALTO., MD. 21209 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata 1 Buriel 2 Cremation 3 Rem 4 Donation B Other (Specify) HEBREW YOUNG MENS 09/29/94 BALTO, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. wan AARTY. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, abock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final B disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE DE If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL;
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending BY 200 1 TEG a no PLACE OF INJURY — building, atc. (Specify) 3 Suicide At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, (Check only one) MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death 296. SIGNATURE AND TOLE OF CERTIFIED 29d. DATE SIGNED (Month, Day Year) BE et 0

RSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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BALTIMORE, MARYLAND 21215-0020	WE PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	the fact this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be write the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	s medical examiner must be notified at once.
IN OF VITAL RECORDS, P.O. BOX 68/60,	is PHYSICIAN: The law requires that the death certificate be executed within	Inc. this certificate has been signed by the attending physician and completely filled in by the in with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DS, P.O. BOX 68760, ATTENDING PHYSICIAN: The law requires that the death certificate be executed

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	BEG NO

THE THE		0707-					2. DATE OF	D	AY O	WEAR	3. TIME OF DEATH
JULIUS		SEGAL					Sept		r 20	5,19	
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday	MONTHE	DAYS	HOURS	MIN.	7. DATE OF (Month, i	Dav. Year)		Country	
361 16 3502	1 M 2 F	6 grs.				155	Dec.	21,1	924	Pe	nnsylvar
9e. FACILITY NAME (If not inetitution, give	,		9b. CIT	Y, TOWN	OR LOCATI	ON OF D	EATH		100	NTY OF DE	
9412 Linden Av	venue		Bet	hes	da				Moi	ntgo	mery
RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT	ty	100.0	ITY, TOWN	ORLOCAL	TION						10d. INSIDE CITY
				- 17-	ION						LIMITS?
Maryland Mc	ontgomer	у Гве	thes		. ZIP COD	-			T 40: 017		1 - YES 2 X NO
				100							HAT COUNTRY?
9412 Linden Av		T EVER IN U.S. ARMED	1 40			314					States
1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 NO	13.	II yes, sp		n, Mexica	NIC ORIGIN? (an, Puerto Ric ly:		or No-	Specifi	- Amarican Indian, White, etc.
15. DECEDENT'S EDU		16a. DECEDENT	'S USUAL C	OCCUPATION	ON		18b. K	IND OF BUS	SINESS/INI		cubium
(Specify only highest grad Elementary/Secondary (0-12)	le completed) College (1-4 or 5 -	(Give kind o	work done use retired.)	during mo	st of working	ng					
Extraction y decontainty (0-12)	5+	Psyc	holo	ais	+ /1/1	rite	ar	Priv	2+6		
17. FATHER'S NAME (First, Middle, Last)		15,0		910			ME (First, Mic				
Baruch		Segal					Rifk		-	nara	
19a. INFORMANT'S NAME (Type/Print)	-		NG ADDRES	SS (Street a			RALL K				
Zelda Segal			ie ac					any or row	, State, 24	- 5556/	
20a. METHOD OF DISPOSITION		20b. PLACE AND DAT				15 †		1 000 10	CATION	City or Toy	
DC Buriel 2 ☐ Cremation 3 ☐ Ren 4 ☐ Donation 8 ☐ Other (Specify)	noval from State	cemetery, cremetory of	other place	TOM:	× 1 - 1		9-25	194		7	5-30
21. SIGNATURE OF TUNERAL SERVICE L	COMBEE	- Aring Dav			II a.			I F	alls	s Ch	urch, Va
1/1000	1		"				son F	uner	al I	Home:	S
The same	10										22046
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	8	ain Tumor					on as contra	c or respi	iratory ar	reat,	
disease or condition	DUE TO DUE TO	ain Tumor	OF): OF):				in ea corui	c or respi	iratory ar	reat,	Interval Between
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO C. DUE TO d.	ain Tumor (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE	OF): OF): I								Interval Between Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO C. DUE TO d.	ain Tumor (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE	OF): OF): I				Part I. 2	4a. WAS AN PERFOR	AUTOPSY TIMED?	24b,	Interval Betwo
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO C. DUE TO d.	ain Tumor (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE	OF): OF): I	nderlyln	g couse :	given in	Part I. 2	4a. WAS AN	AUTOPSY TIMED?	24b,	Interval Between Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	b. DUE TO c. DUE TO d	ain Tumor (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE deeth but not resultin	OF): OF): DF): I OTHE	nderlyin	g ceuse :	given in	Part I. 2	4s. WAS AN PERFOR	AUTOPSY TIMED?	24b,	Unset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 27 NO	DUE TO b. DUE TO c. DUE TO d	ain Tumor (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE death but not resultin	OF): OF): DF): I OTHE 4 □ No.	26. PI	g ceuse	given in	Part I. 2	4a. WAS AN PERFOR	AUTOPSY RMED?	24b.	Unset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 PORMITTIES 1 Pending investigation	DUE TO b. DUE TO c. DUE TO d	ain Tumor (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE GOR AS A CONSEQUENCE Description of resulting the second of	OF): OF): DF): I OTHE 4 Nu	26. PI R: raing Hom 28c. INJ WC 1	g couse of the state of the sta	given in	Part I. 2 neck only one) 6 □ Other (- 28d. DESCI	4s. WAS AN PERFOR	AUTOPSY MED?	24b.	WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH TO THE STANDARD ST	DUE TO b. DUE TO c. DUE TO d. DUE TO d. HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D) 26a. PLACE OF	ain Tumor (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE deeth but not resulting ER/Outpetlent 3 DOA INJURY 28b. T	OF): OF): DF): I OTHE 4 Nu	26. PI R: raing Hom 28c. INJ WC 1	g couse of the state of the sta	given in	Part I. 2 1 1 1 1 1 1 1 1 1 1 1 1 1	4s. WAS AN PERFOR	AUTOPSY RMED?	24b.	WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 YES 2 NO 27. MANNER OF DEATH 2 Accident 3 Suicide 6 Could not be determined. 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO DUE TO	ain Tumor (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE deeth but not resultin DERVOutpetient 3 DOA INJURY (x) Year) FINJURY — At home, ferm	OF): OF): DF): I OTHE 4 Nu IME OF NJURYY M To street, fed	26. PI FR: rising Hom 28c. INV 1 ctory, office	g ceuse	given in	Part I. 2 neck only one) 6 Other (: 28d, DESCI 281, LOCAT City or	4a. WAS AN PERFOR YES 2 Specify) ON (Street of Town, State)	AUTOPSY RMED?	24b.	WERE AUTOPSY FINDINAMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH! 1 YES 2 ND
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH DETERMINENT S Pending investigation 2 Accident investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	DUE TO b. DUE TO c. DUE TO d. DUE TO DUE T	ain Tumor (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE deeth but not resultin DER/Outpetient 3 DOA INJURY 28b. T FINJURY — At home, ferrect. (Specify) my knowledge, death occuramination end/or investigation.	OF): OF): DF): I OTHE 4 Nu IME OF NJURY M n, street, fee	26. PI FR: rising Hom 28c. INV 1 ctory, office	G COUSE OF DIE 5 REPORT AT THE PRICE OF DIE 5 REPORT AT THE PRICE OF DIE 6 REPORT AT THE PRICE OF THE PRICE O	given in	Part I. 2 1 1 1 1 28d. DESCI 281. LOCAT City or to the cause time, date or	4a. WAS AN PERFOR YES 2 Specify) ON (Street of Town, State)	AUTOPSY IMED? I NO NJURY OC and Number Inner as sta	24b. CURED r or Rural Ri ted. he couse(e)	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH! 1 YES 2 ND

Item#13b Per F.H. Film# G-715 09/30/94 R.M.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR CERTIFICATE OF DEATH REG. NO.
		1. DECEDENT'S NAME (First, Middle, Last) CALVIN MAS 2. DATE OF DEATH MONTH 9 DAY 28 1994 23. 50 M
9		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) Country) 8. BIRTNPLACE (State or Foreign Country) WM
2, 3 should	СТОВ	98. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 8d. HOSpital 9c. COUNTY OF DEATH
ri. Pages 1,	DIREC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1Q-YES 2 \(\text{NO.}\) NO
n. ansit permit.	VERAL	100. STREET AND NUMBER 3424 Edwardson Ave 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 4. S.A
215-0020 attending physician. Ise as the burial-transit	BY FUN	11. MARITAL STATUS 1
21 10 10 10 10 10 10 10 10 10 10 10 10 10 1	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.) 16b. KIND OF BUSINESS/INDUSTRY
ALA be de at on at on	BE CON	17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Malden Surname) Ann Butler
be retain ge 5 sho	10	196. INFORMANT'S NAME (TyperPrint) 196. MAILING ADDRESS (Street and Number or Plural Route Number, City or Town, State, Zip Code) 4nn L. Thornas 3424 Edwards un five Batto, nd 21229
e 6 m rector, musi		20b. PLACE AND DATE OF DISPOSITION DATE
SALT r death. F re funeral al. examin	Ш	March F. H. West Ave
y fille the		23. PART IF Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or head failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. UENAL FAILURE 2 WEEKS
executed with and completel b burial, crema	N C	DUE TO (OR AS A CONSEQUENCE OF): AIDS Sequentially list conditions, b. ARDS
be be light in the light by the	ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a conscouence of): 1 any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a conscouence of):
F Hand	CERT	resulting in death) LAST
and the state of t	MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRIORINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
law red as beer Dept. of		DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO
F VI LA SICIAN: The certificate h the State (PHYSICIAN:	28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one) 4. Nursing Nome 5. Residence 6. Other (Specify)
this with the C	ВУ РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE NOW INJURY OCCURED
OR ATTENDING IN THE STATE OF A THE STATE OF	ETED	28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, State)
	dwg	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.
TO THE HOSPITAL TO THE FUNEHAL DE RIEG MINES T	TO 8E.	SIGNATURE, AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 2065 29d. DATE SIGNED (Month, Day, Year) 1012 94
		30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Typo, Print) VIPUT MANTADIUM STAGNES HOSPITAL GOC CATON AVENUE BALTIMORE
		31. DATE FILED (MONTO) DELYS J. ST. SECULIAR S SIGNATURE

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1 - FOR STATE REGISTRAR

Pine	TOTAL SECTION	1. DECEDENT'S NAME (First, Middle, Lest) William Dudy 4. SOCIAL SECURITY NUMBER 304381892 98. FACILITY NAME (Il not institution, give	1 💢 M 2 🗆 F	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAY		2. DATE OF DE MONTH 7. DATE OF BII (Month, Day,	26 C HTH Year) 1-1938	S. BIRTHPL. Country) VINCLIC			
1, 2, 3 should	TOR	318 Five Farms D				isulle	EATH		en Ani			
permit. Pages 1,	DIRECTOR		v Queen Annes		VENSU	le.				Od. INSIDE CITY LIMITS? YES 2 1 NO		
	FUNERAL	318 Five Farms				21666		10g. CIT USA		AT COUNTRY?		
21215-0020 all or attending physician. for use as the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 ☑ YES IF YES, GIVE WAR OR D 1955-75	IN U.S. ARMED 2 NO DATES	If yes,	DECENDENT OF HISPAI apacity Cuban, Maxica (ES 2 K NO Specif	in, Puerto Ricen,		14. RACE — Black, W Specify:	-American Indian, White, etc. White		
\$ ° 5	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT us.	vork done during e retired.)	most of working	16b. KIND	of Business/ini		nications		
3 & & Z	BE CON	17. FATHER'S NAME (First, Middle, Last) Martin Tomey				18. MOTHER'S NA						
E, MARYL y be retained by a sage 5 should be be notified at	10	19a. INFORMANT'S NAME (Type/Print) Stephen M. Tomey	,		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 116 Osprey Drive, Knotts Island, NC 27950							
ALTIMORE, leath. Page 6 may be tuneral director, page		20e. METHOD OF DISPOSITION 1 Spuriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	b.PLACE AND DATE Of metery, crematory or off laryland V	her place) Veterar	s Cemeter	y	20c. LOCATION — Crownsv				
BALTIMOR nours after death. Page 6 ma ed in by the funeral director, p or removal.		21. BIGNATURE OF FUNERAL REPVICE Y	auf		Hard	and address of fa desty Fune Ridgely Av	eral Hon		MD 2°	1401		
within hours aff mpletely filled in by cremation, or removent, the medica		IMMEDIATE CAUSE (Finel	complications that cause Liet only one ceuse on e	ech iina.	ot enter the i	moda of dying, suc	h ee cerdiec o			Approximete interval Between Onset and Desti		
O.O. BOX ocrtificate be en nding physician a Hygiene prior to or other traum	CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST	c	A CONSEQUENCE OF								
CORD: res that the signed by the lealth and M	EDICAL	PART II. Other eignificant condition Emphysema	ns contributing to deeth b	out not resulting in	n the underly	ing cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	AM CC DF	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE FORMATT!		
4	SICIAN: M	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSE C	F DEATH YE			N KI			X YES 2 NO		
	YSIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp	S = 1 = 1	OTHER:	ome 5 X Residence	6 Other (Spec	:lfy)				
NG PHYSIC her this ser sets with th marked,	ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE	HOW INJURY OC	CURED			
	ETED !	3 Suicide 6 Could not be detarmined	28s. PLACE OF INJURY building, atc. (Spec	f — At home, ferm, st cify)	treet, factory, of	fice	261. LOCATION City or Town	(Street and Number n, State)	or Rural Rout	te Number,		
HOSPITAL OF FUNEPAL DE Welten 7 hou	COMPL		ICIAN: To the best of my know ER: On the basis of examination							nd manner ea stated.		
TO THE FUNDS TO THE FUNDS TO THE MUTIN	O'BE	THE OF CERTIFIE	TAN T. NGU _CDR MC U	•		29c. LICENSE NUN D 40 486				lonth, Day, Year)		
7.1	F					IED CEN.	WASH					
		SEP 3 n 1994	32. REGISTRAR'S SIGN									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING CHISCA. The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DHECTOR Arm the concern has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours are death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 26 is marked, or then 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 AL RECORDS, P.O. BOX 68760,

DIVISION BENT

FOR STATE

	REGISTRAR		CI	ERTIF	ICATE	OF DE	ATH		REG. NO.					
	1. OECEOENT'S NAME (First, Middle, Last)							2. DATE O	F DEATH		VEAR	3. TIME OF DEATH		
	ANNIE BEI	LE	1	IWIGG				09 TH	12	. 6	4 ^{YEAR}	7:50 P _M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	it birthday)	IF UNDER 1 Y		NDER 24 HRS.	7. DATE OF	BIRTH Day Moort		8. BIRTI Count	HPLACE (State or Foreign		
	218-60-0229	1 🗌 M 2 💢 F	70	YRS.	MONTHS D	AYS HOU	RS MIN.	09 ^{nth,}	20	23		st Virgini		
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TO	WN OR LO	CATION OF D	EATH		9c. COU	NTY OF D			
DIRECTOR	SACRED HEART HOSE	PITAL			CUM	BERLA	ND			AI	LEGA	MY		
5	RESIDENCE OF DECEDENT													
2											10d. INSIDE CITY LIMITS?			
		ineral			Keyse	r						1 X YES 2 NO		
₹ I	10e. STREET AND NUMBER					101. ZIP (CODE			10g. CIT	IZEN OF	WHAT COUNTRY?		
剪	500 Carskadon						26726			U	.S.	Α.		
FUNERAL	11. MARITAL STATUS	12. WAS OECEDEN	TEVER IN U.S. AR	IN U.S. ARMED 13. WAS DECENDENT OF HIS 1 2 NO If yes, specify Cuben, Me						or No—	14, RAC	E — American Indian, k, White, etc.		
ВУ	1 Never Married 2 Married 3 N Widowed 4 Divorced	IF YES, GIVE W					NO Specia		an, sec.)		Spec	etty:		
											W	Thite		
E I	15. OECEDENT'S EDU (Specify only highest grade		(G	ive kind of v	USUAL OCCL	IPATION ng most of w	orking	16b. K	IND OF BUS	INESS/IN	DUSTRY			
"	Elementary/Secondary (0-12)	College (1-4 or 5+) life.	. Do NOT us										
물	6	_									Home			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. A	OTHER'S NA	AME (First, Mic		Surname)				
BE	James W.	Roy					larth	-		eel				
2	19a. INFORMANT'S NAME (Type/Print)		19							rn, State, Zip Code)				
- 1	Mary Louise Dolly	7		Rt	l Box	150) Bu	rling	gton	, WV 26710				
	20a. METHOD OF DISPOSITION	cural from State			F DISPOSITIO			DATE				own, State		
- 1	cemetery, cremation 3 Hamoval from State Queens Point Cemetery 9/16/1994 Keyser, WV 26726													
- 1	22. NAME AND ADDRESS OF FACILITY Rotruck—Smith Funeral Home													
- 1	► X (V _	VI	1)		12100									
	23. PART Enfect the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate													
	shock, or heart failure.	List only one cau	se on aach,iina	eath. Dor I.	ot antar the	e mode of	dying, suc	th as cardia	c or respi	ratory ar	rest,	Approximate interval Batween		
	IMMEDIATE CAUSE (Final	(A A			1		a		1	A		Onset and Death		
	resulting in death) a. Otensoreofour fourteale 4mm											4monit		
	disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):													
2	Sequentially list conditions b.													
CERTIFICATION	If any, leading to immediate													
5	CAUSE (Disease or Injury													
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST													
5		d												
- 11	PART II. Offer significant condition	s contributing to	death but not r	esulting i	n the unde	riying cau:	se givan in	Part i. 2	4a. WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS		
EDICAL	x leales te	IN	alles	lei)				PERFOR		- 1	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	70 00000	U	300-5					— ¹	YES 2	NO		OF DEATH?		
Σ	DID TORACCO LISE	CONTRIBUTE	TO CALL	CF OF	DEATH	VEC		25		(1 YES 2 NO		
PHYSICIAN:	DID TOBACCO USE	CONTRIBUTE	IO CAU	SE OF			☐ NO	776						
프	EXAMINER?	HOSPITAL:			OTHER:	28. PLACE C	F DEATH (C/	neck (nly one)						
1×S	1 YES 2 LNO 27. MANNER OF DEATH	1 Inpetient 2						8 Other (Specify)					
	1 Netural 5 Pending	28a. DATE OF (Month, Da		28b. TIM	URY	c. INJURY A WORK?		28d. DEŞCI	RIBE HOW II	JURY OC	CURED			
BY	2 Accident Investigation					YES	2 NO							
	3 Suicide 8 Could not be 4 Homicide determined	F INJURY — At ho atc. (Specify)	me, ferm, s	treet, factory.	offica		28f. LOCAT City or	ION (Street a Town, State)	nd Numbe	r or Rural I	Route Number,			
E 1	Tomicle Calarinated													
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, de	ath occurre	d at the time	data and p	laca, and due	to the cause	(a) and mon	ner as ste	ted.			
8	anal w											a) and manner as stated.		
	29b. MATURE AND TITLE OF CERTIFIE	//	1		-		LICENSE NU		- 1					
H H	[[] [] []	111	o ella	7	11)	290.	1	7/-6	14	290. UA	SIGNED	Month Our Year		
ဝူ	30 NAME AND ADDRESS OF SERSON HO	o charge series	FORDER	V 477 77			9-0	1	7-		1	01119519		
	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUS	OF DEATH (ITE	M 27) (Type,	Print)	. () /	4	011			_		
	stadio Hingre	ud Mul.	Pite	581-0	LUNI	re C	umb	riand	MI	21	50	7		
	3. W. 2. L. 1. 2. C.	PRECIPITAL	R'S SIGNATURE											
1		- 1												

permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR		STATE OF N	// ARYLA	ND / DEPAR Certif					TAL HYGIEN			
1. DECEDENT'S NAME (First,	, Middle, Last)	_		CENTII	ICATE	<u> </u>	DEATE	2. D	REG. NO			3. TIME OF DEATN
JAMES		ORMA	N		WII	LI	ES JR	_ S	EPT. 2	8 19	944R	2:15 A _M
4. SOCIAL SECURITY NUMBER 212 42 7	7207	5. SEX 1 M 2 F	8. AGE (In	yrs. last birthday) YRS.	IF UNDER	DAYS	IF UNDER 24	HRS. 7. D/	ATE OF BIRTH	1943	Country	YLAND
9e. FACILITY NAME (If not in							OR LOCATION	OF DEATH		9c. COU	NTY OF OE	
ST.AGNES I		l'AL			BAI	TI	MORE					
10e. STATE	10b. COUNTY				Y, TOWN O			-			T	10d. INSIDE CITY LIMITS?
MARYLAND				BA	LTIM	OR	₹					1 ES 2 NO
746 S. WO	OODING	GTON RO	AD			10	2122	9		U.S		A.
11. MARITAL STATUS 1 Never Merried 2 2 3 Nidowed 4 Divo	Married roed	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U	J.S. ARMED 2 JANO ES	11	yee, sp	CENDENT OF I	Mexican, Pue	IGIN? (Specify Yer rto Rican, etc.)	or No—	Black,	- American Indian, White, etc. BLACK
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working												
N/A												
JAMES ORMAN WILLIES, SR. 18. MOTHER'S NAME (First, Middle, Majden Surgame) VIRGINIA HENSON												
19e. INFORMANT'S NAME (7)			3_			(Street 8	and Number or	Rural Route N	fumber, City or Tow	n, State, Zip	Code)	21220
MR. JAMES ORMAN WILLIESRD. 746 S. WOODINGTON RD. BALTO., MD. 21229												
20b. PLACE AND DATE OF DISPOSITION 10b Burlet 2 Cremetton 3 Removal from State 4 Donalton 5 Other (Specify) MEMORIAL PK. 10/4/94 RANDALLSTOWN, MD.												
1 200	21. SIGNATURE OF FUNERAL SERVICE LICENSEE T. GWYNN FUNERAL HOME 21215 LEWIS T. GWYNN FUNERAL HOME 21215 4517 PARK HEIGHTS AVE. BALTO., MD.											
IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY: CAUSE (Disease or injust that initiated events resulting in death) LAS'	Chro	OUE TO	(OR AS A C	ctive consequence of	F):	ion	ary D	isea	se			Onset and Death
PART II. Other elgnification	nt conditions	contributing to	death but	not rasulting	In the und	derlyln	g cause give	en in Part i	24a. WAS AN PERFOR	RMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
DID TOBACCO U		IBUTE TO CA	USE OF	DEATH Y	S 🔲 N	10 [] UNCER	RTAIN [
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		. PLACE OF DEA	TN (Check o							
XXYES 2 NO		1 Inpetient 2			4 🗆 Nursi	ing Hom	e 5 Raeld	-			NINCE	
ty⊡yNetural 5 ☐ I	Pending	(Month, D		26b. TIM	IE OF IURY M		URY AT PRK? YES 2 N	1	DESCRIBE NOW I	NJURY OC	URED	
3 Suicide 8	could not be	28e. PLACE O building,	F INJURY — etc. (Specify	At home, term,	street, tecto			281. L	OCATION (Street and City or Town, State)		or Rural Ro	ute Number,
		SAN: To the beet of										
22 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data end place, end due to the ceuse(e) end menner ee stated.												
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) O.C.M.E. SEPT. 28, 1994												
30. NAME AND ADDRESS OF J. Laron I						tr						d 21201
SEP 3 0 19		3 REGISTRA	R' (dgy ji	WE.								

YEAR

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

14. RACE Black

20c. LOCATION - City or Town, State

3. TIME OF DEATH

10d. INSIDE CITY

1 YES 2 NO

— American Indian, , White, atc.

AC

6. BIRTHPLACE (State or Foreign

REG. NO.

1950

2. DATE OF DEATH

29c. LICENSE NUMBER

MD

MZ182

21287

STATE REGISTRAR

DECEDENT'S NAME (First, Middle, Last)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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29a. CERTIFIER

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(Check only one)

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296. SIGNATURE AND TITLE OF CERTIFIER

SEP 3 0 1994

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32. REGISTRAR'S

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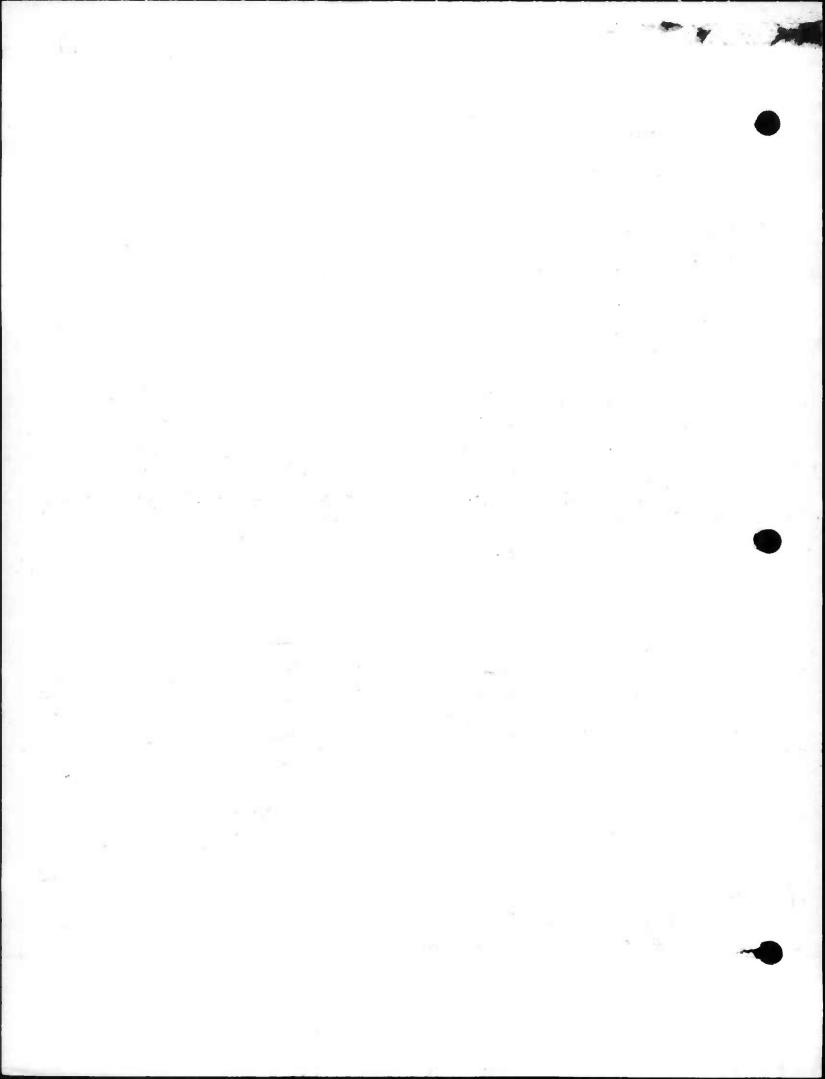
PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dender Rudal

BALTIMORE

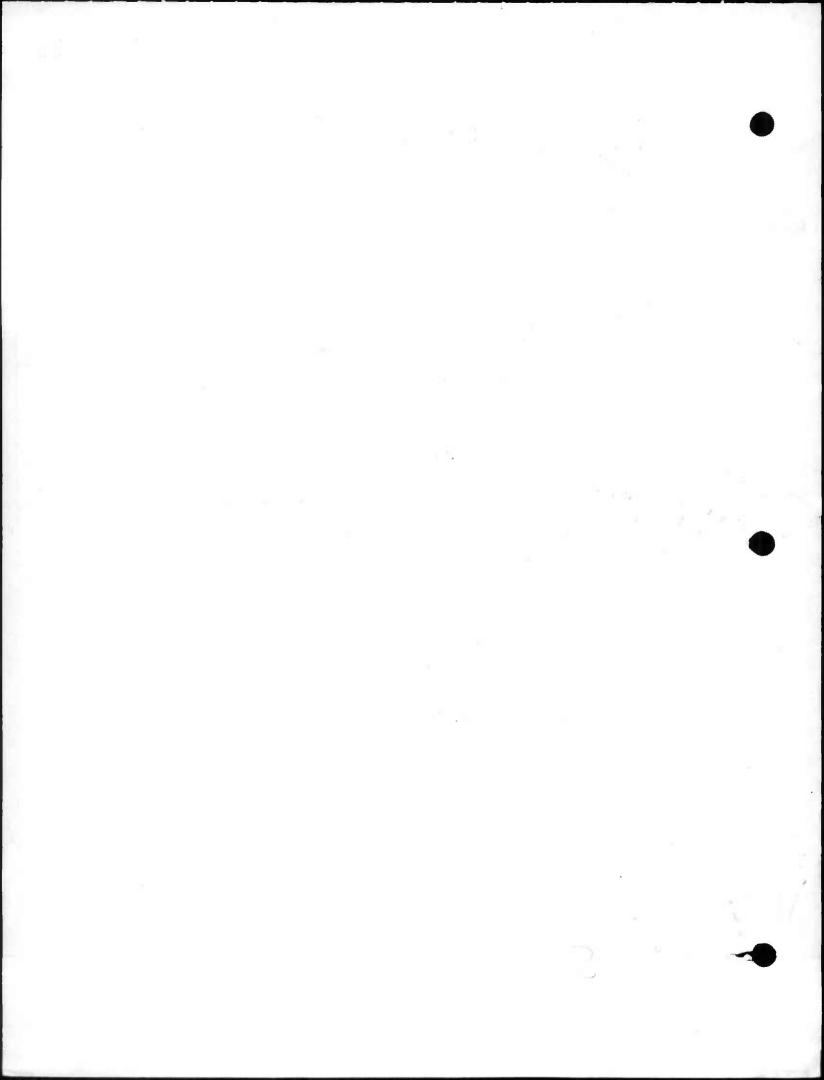
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday, IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1X M 2 | F YRS Dec. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10 and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. o burial, cremation, or removal. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 0 ours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS WAS DECEDENT EVER IN U.S.JARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. If yes, specify Cuban, Maxican, Puerto Rican, etc.) FORCES? YES 2 **N**NO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify ВҰ 1 TYES 2 NO 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) LAberer RR 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Surname) ĕ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Stree and Number or Rural Route Number, City or Town, State, Zip Code, 2 pe 20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Buriel 2 Cremation 3 Rar 4 Donation 5 Other (Specify) tory or other place examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 2 medicai 23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart fallura. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition CARCINOMA (ELL ONGUE QUAMOUS OF reaulting in death) other traumatic event, executed within DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to CTOP. After this certificate has been signed by the attending physician : If any, leading to immediate cause. Enter UNDERLYING 2 requires that the death certificate CAUSE (Disesse or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL **PHYSICIAN:** 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) item HOSPITAL OTHER 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 🗆 Residence 6 🗆 Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF market 5 Pending 1 Netural 1 YES 2 NO ВY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 30 3 Suicide 8 Could not be COMPLETED 4 Homicide

entre 304 ento Approximate Intarval Between Onset and Dasth 3 yr 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMEO? 1 | YES 2 | NO DF QEATN? 1 YES 2 NO 28d. OESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 ___ MEDICAL_EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 9 29 DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	Page 6 may be retained by the hospital or attending physician.	its certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	er mist be notified at once
BALTI	s after death. F	by the funeral removal.	dicai examin
DIVISION OF VITAL RECORDS, P.O. BOX 68760	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	The RINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the item 72 hours after death with the State Detr. of Health and Mental Hygiene prior to burial, cremation, or removal.	ORTANT If Hem 28 is marked, or Hem 23 shows any inlury or other traumatic event, the medical examiner must be notified at once

	1 - STATE REGISTRAR	SIAIE UF MA			ICATE				WENTAL H	TGIENI EG. NO.	Ŀ		
		George William Whitehead Sr.						2. DATE OF D	EATH DA	× 27	YEAR 94	3. TIME OF DEATH	
	216 20 5050	5. SEX 6	AGE (In yrs. last	birthday) YRS.	IF UNDER		IF UNDER	24 HRS. MIN.	7. DATE OF B (Month, Day 06 27	IRTH 30		e. BIRTH Countr Md.	PLACE (State or Foreign y)
N.	99. FACILITY NAME (If not institution, give street Hopkins Bay View	Center	96. CITY, TOWN OR LOCATION					F DEATH 9c. COUNTY OF DE			EATH		
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Md			y, town o		N N		10d. INSIDE CITY LIMITS?					
	100. STREET AND NUMBER 931 Quantril Way		101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY USA						(1 TYES 2 NO				
FUNERAL		2. WAS DECEDENT I	YES 2 XN	R IN U.S. ARMED 13. WAS DECENDENT OF HISPAN ES 2 XNO 17 yee, specify Cuben, Mexica					n, Puerto Rican	— American Indian, i, White, etc.			
ED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUCA		16a, DEC	EDENT'S	USUAL OC	YES 2	-			O OF BUS	INESS/INC	Vhit∈	
COMPLETED	(Specify only highest grade co	mpleted) College (1-4 or 5+)			work done done retired.)			g			of Ba		
BE CON	17. FATHER'S NAME (First, Middle, Lest) John Whitehead 18. MOTHER'S NAME (First, Middle, Meiden Sumerne) May Belle Blucker												
TO BE COM	190. INFORMANT'S NAME (Type/Print) Agnes E. Whitehead 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 931 Quantril Way Balto., Md. 21205												
	20e. METHOD OF DISPOSITION \$\int \text{Disposition} 3 \text{Remove} 4 \text{Donation} 5 \text{Other (Specify)}		LACE AND DATE OF DISPOSITION (Name of page) Output DATE 20c. LOCATION — Cr Brooklyn 22. NAME AND ADDRESS OF FACILITY										
CASTILLIAN OF THE PARTY OF THE	21. SIGNATURE OF FUNERAL SERVICE LICEN	Cha	arles	s S.	Zei	ler & a St.							
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete interval Between Onset and Daath disease or condition resulting in deeth) Due to (or as a consequence of): Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of):												
ICAL CE	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? PERFORMED? AMILABLE PRIOR TO COMPLETION OF CAUSE												
: MED	DID TOBACCO USE CO	ONTRIBUTE	TO CAUS	F OF	DEAT	H YE	s П	NO	_	YES 2	□ NO		OF DEATH?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	26. PLA	CE OF D	EATH (Che	6 Other (Spe	a official			
D BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF IN (Month, Day,	JURY	26b. TIN		28c. INJUR WORI	RY AT		28d. DESCRIB		VJURY OC	CURED	
TED B	3 Suicide 8 Could not be determined	28a. PLACE OF I building, et	NJURY — At hon c. (Specify)	ne, term,	street, tecto	ory, office			281. LOCATION City or You		ind Number	r or Rural F	loute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA CONE) 2 MEDICAL EXAMINER:) end manner as stated.
TO BE CO	296. SIGNATURE AND TITLE OF GENTIFIER	1						NSE NUN			29d, DAT	9/27	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO O	Johns H	loptins	A73	Print) VIEW								
	SEP 3 0 1994	32. REGISTRAR	S SIGNATURE	L									



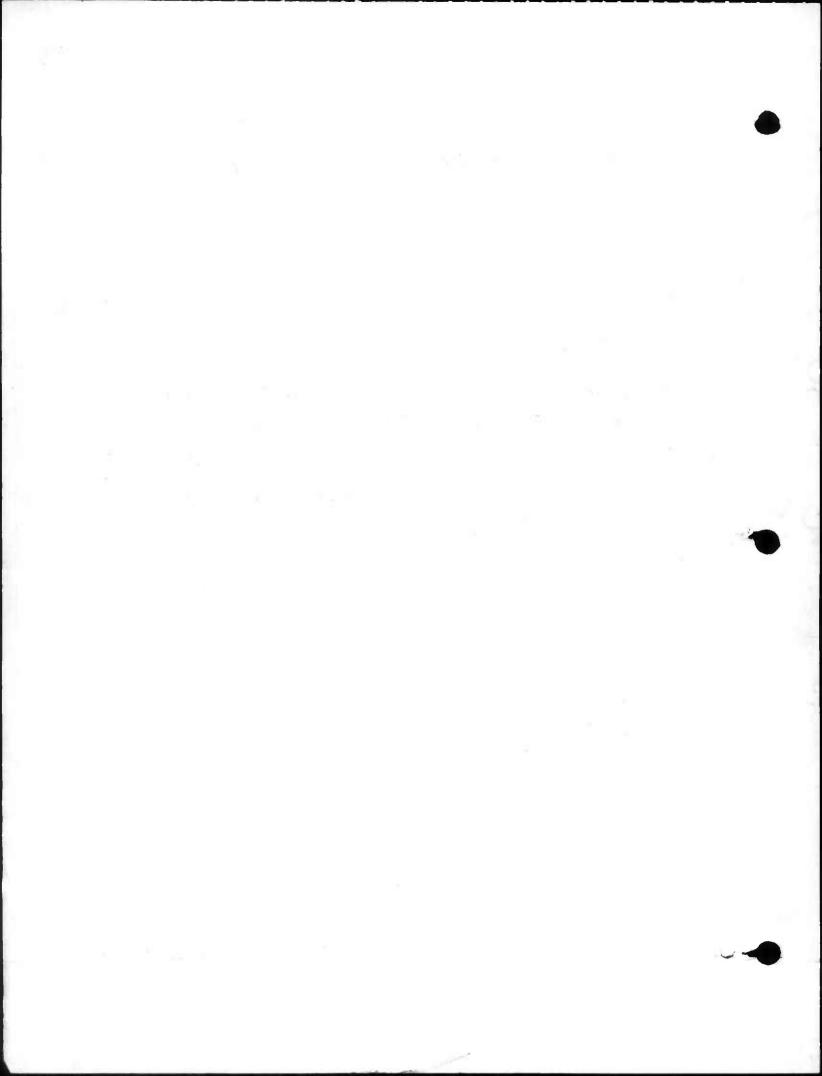
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND	MENTAL HYGIEI	_						
	1. DECEDENT'S NAME (First, Middle, Last) BERNITA	WHITENER			2. DATE OF DEATH	²⁷ 27,19 ⁵ 94	3. TIME OF DEATH 5:59 PM					
	214-86-0221	5. SEX 6. AGE (In yrs. Ia	YRS, MONTH		7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)						
TOR	90. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL BESIDENCE OF DECEMENT 90. COUNTY OF BALTIMORE CITY											
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOWN	3 A 170.		10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{NO} \) NO						
FUNERAL	100. STREET AND NUMBER JOHNS HAPPIL	no Hosp.		101. ZIP CODE 2/2/	3	10g. CITIZEN OF WHAT COUNTRY?						
BY FUI	11. MARITAL STATUS Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 1 IF YES, GIVE WAR OR DATES		3. WAS DECENDENT OF HISPAI If yee, specify Cuben, Mexico 1 YES 2 NO Specif	n, Puerto Rican, etc.)	s or No — 14. RA Bli	No — 14. RACE — American Indian, Black, White, etc.					
COMPLETED	15. DECEDENT'S EDUCATION (Specify galy migflest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY											
	17. FATHER'S NAME (First, Middle, Last) JERONC	Whitener	remen	18. MOTHER'S NA	ME (First, Middle, Melder							
TO BE	19e. INFORMANT'S NAME (Type/Print)			SS (Street and Number or Rural)			AFF-REC					
	20e. METHOD OF DISPOSITION 1 Described 2 Crametion 3 Removal from State 4 Donellon 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of came) or their place) ACC OF CATALON - City or Town, State Company, demanding or other place) BASSE . TO S											
	21. SIGNATURE OF FUNERAL SERVICE LICE	100	2	2. NAME AND ADDRESS OF FA	CILITY	2	12/3					
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition A 1 0 5 (A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2											
_	oue to (or as a consequence of):											
CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury											
CERTIF	that initiated events resulting in daeth) LAST	OUE TO (OR AS A CONSE	QUENCE OF):									
AL	PART II. Other significent conditions	contributing to death but not	rasulting in tha	undariying ceuse givan in	Part i. 24e. WAS AP PERFO 1 YES	RMED?	Nb. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRI				V		1 TYES 2 TNO					
SICI/		28. PLACHOSPITAL:	OTHI		8 Other (Specify)	-						
ву РНУ	27. MANNER OF DEATH Shatural 5 Pending Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED						
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At ho building, etc. (Specify)	ome, ferm, street, fa	ictory, office	281. LOCATION (Street City or Town, State	end Number or Rura)	l Route Number,					
COMPLETED		AN: To the best of my knowledge, de					r(e) end menner ee stated,					
8	296. SIGNATURE AND TITUE OF CERTIFIER	J. Bradle	YM.D.	29c. LICENSE NUN	IBER	29d. DATE SIGNED (Month, Day, Year) 9/27/94						
10	D. BRADLEY M.A.	COMPLETEO CAUSE OF DEATH (ITE		PITHL BAL	TIMORE,	are)	/					
	SEP 3 0 1994	32. REGISTRAN'S SIGNATURE	7									



Jours after death. Page 6 may be retained by the hospital or attending physician.

(filed in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematals, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	negistran			ENTIF	CATE	OF DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATH	v		TIME OF DEATH	
	1111111 1111111111111111111111111111111										2:40p M	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER 1			DATE OF BIRTH (Month, Day, Year)	Ï	8. BIRTHPLA Country)	ACE (State or Foreign	
	180-36-6694	1 🗆 M 2 💢 F	48	YRS.	MONTHS	DAYS HOURE MIT	' 9	/22/194	6		rado	
	9a. FACILITY NAME (If not institution, give st	reet and number)								9c. COUNTY OF DEATH		
0	Greater Baltimore	e Medical	Cente	r	Towson					Baltimore		
5	RESIDENCE OF DECEDENT										1101 C	
DIRECT	10a. STATE 10b. COUNTY				, town or altin				10d, INSIDE CITY LIMITS?			
		Maryland [1 💢 YES 2			
₹	10e. STREET AND NUMBER						10g. CITIZEN OF W			T COUNTRY?		
	6503 Sefton A				21214					ited	States	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. /	ARMED NO		S DECENDENT OF HIS			American Indien, /hite, atc.			
à	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES			YES 2 X NO S		,		Specify:	White	
a l	15. DECEDENT'S EDUC	CATION	100 1	DECEDENT'S	IIIIIAL OCC	IBATION		16b. KIND OF BUS		MINTEN	wille	
	(Specify only highest grade	completed)		(Give kind of vite. Do NOT us	rork done dui e retired.)	ing most of working		160. KIND OF BUS	INESS/INL	JUSTRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)				nistrator		Autor	noti	VA		
5	17. FATHER'S NAME (First, Middle, Last)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		NAME //	First, Middle, Maiden		10		
_	Harold Blackb	urn						Callen	,	2		
BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street and Number or Ru	_					
2	Mr. Robert A.	Watkins				ton Ave		Balti			21214	
	20a. METHOD OF DISPOSITION		20b. PLAC									
1 M Buriel 2 Cremetton 3 Removal from State 4 Denastion 5 Other (Specify) 1 M Buriel 2 Cremetery, cremetery, cremetery or other place)											Maryland	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T 7avovna 22. NAME AND ADDRESS OF FACILITY										nar y ranu		
1	THONE I SEARCH LEONALD LEONALD OF RUCK, INC.									014		
	23. PART i. Enter the diseases, or	omolications that	caused the	death Don	5.	3U5 Harton	ra K	oad Balt	more	21	214	
	shock, or heart failura.	Liat only one caus	a on each li	ne.	ot antai ti	ia moda or dying,	sucii as	cardiac or reapi	atory art	est,	Approximata Intarval Between	
1	IMMEDIATE CAUSE (Final disease or condition	San	27.2	SILIA	Lice		0-	1:-1-	\		Onset and Dasth	
	resulting in death)	36 D	2/ 2 -	SECUENCE OF	SVOV	Le 0	2 10) 615 re	116	}	4 days	
.	_	2.6	n mes	S SYNdrome -? 2º To Listeria 4 days A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):								
2	Sequentially list conditions, if any, lasding to immediate	DUE TO (C	R AS A CONS	EQUENCE OF):	2 00 10	1 1 (2)	41311111	P	140000	nus 7	
HILICATION	cause. Entar UNDERLYING		200	TO CO	llage	a cosculp	· di	Jense				
	that initisted events	DUE TO (C	OR AS A CONS	EOUENCE OF):							
5	resulting in death) LAST	i										
2	PART II. Other significant condition	a contributing to d	eath but not	regulting i	n the und	alulas souss shus	In Doct	1 1 24 110 211				
3	01/		r hos		ii the unde	mying cause given	in Part	I. 24a. WAS AN PERFOR		AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO	
EDICAL	Trivaley Dici	1119 61	11 103	/				1 TYES 2	NO		MPLETION OF CAUSE DEATH?	
Σ	DID TOBACCO USE C	CNITDIDITE	TO CAL	ICE OF	DEATE	VEC ED A	10.5	_		1 [YES 2 NO	
PHTSICIAN:	25. WAS CASE REFERRED TO MEDICAL	CHIRIDUIE	TO CAL	JOE OF	DEATE		40 [1				
2	EXAMINER?	HOSPITAL:			OTHER:	28. PLACE OF DEATH						
	27. MANNER OF DEATH	1 Impetient 2		3 LI DOA		g Home 5 Residen	_		LUIMY OO	Ounce		
	1 Natural 5 Pending	(Month, Day	Year)		URY	WORK?	280	I. DESCRIBE HOW IN	IJUHY OCI	CURED		
	2 Accident Investigation	28a. PLACE OF	INJURY At I	home term a			204	LOCATION (CI		- D - 1 D - 1		
3	3 Suicide 8 Could not be 4 Homicide datarmined	building, at	c. (Specify)	nome, term, a	moot, tactory	, ornea	201.	LOCATION (Street a City or Town, State)	na Number	or Hurai Hout	e Number,	
	29a. CERTIFIER											
COMPLE	(Check only					, date and place, and						
3	2 MEDICAL EXAMINE	n. On the page of exa	mnetion and/o	or investigatio	n, In my opli	nion, death occured at	the time,	, data and place, and	due to th	ne cause(a) an	d manner as stated.	
296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)								onth, Day, Year)				
5	16 MM	rong la	lus			1/33	YUL	ر	1 9	129/9	7	
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (IT	ЕМ 27) (Туре,	Print)							
	31 MASSELED MONAGE COLOR	- LAS and man			: -							
	"SEP3"0"1994 /	Charleson!	AND GOVERNE									
				*							1	

15

DHMH-16 Rev 1/89

- II TO A SHARE SEE ARE STREET BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remove iours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM	ENT OF HI	ALTH AND I	MENTAL HYG		
1. DECEDENT'S NAME (First, Middle, Last) LEANNA U	cur dbe	V	<u> </u>		2. DATE OF DEAT	21 14	3. TIME OF DEATH
222 71 111	6. AGE (In)		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yes	9 6.	BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give stree	t and number)	9b.	CITY, TOWN OF	LOCATION OF DE	EATH	9c. COUNTY	Y OF DEATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION	ON			10d. INSIDE CITY
10e. STREET AND NUMBER		Ba	110	ZIP CODE		40-0171761	LIMITS?
1521 Pentr	idge k	2d		2123	7	U.	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 ☐ YES IF YES, GIVE WAR OR DATE	2 NO		Ify Cuban, Mexica	IIC ORIGIN? (Specifi n, Puarto Rican, etc		Black, White, etc. Specify: Black
15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	TION 11 (College (1-4 or 5 +)	8a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during most	of working	16b. KIND OF	BUSINESS/INDUS	TRY
17. FATHER'S NAME (First, Middle, Last)	3			18. MOTHER'S NA	ME (First, Middle, Me	iden Surname)	/
199. INFORMANT'S NAME (Type/Print)	Pown	19b. MAILING ADD	PRESS (Street an	Debo Number or Rural F	Poute Number, City or	Youn, State, Zip Co	121217
MIChael H. 1 20a. METHOD OF DISPOSITION	RIVERS	1904	Wa	1brook	DATE 200	Ba /	D, Ha
1 Signature of Funeral Service Licen	if from State cemetr	d, gremetory or other for	TEM +	ADDRESS OF FA	194/94 7	anda	Ustown, Hel
1 - Glynia	J. J.	to the	yan	L 53	f. West	ebash	Aue
23. PART I. Enter the diseases, or con shock, or heart fellure. Lis IMMEDIATE CAUSE (Finel	nplicatione that caused to it only one ceuse on eec	he death. Do not e h line.	enter the mod	of dying, suci	h ee cerdlac or n	eepiratory arree	t, Approximate Interval Between Onset and Death
disease or condition reaulting in death)	RESPIR	ATOR	Y F	FALL	URE	<u> </u>	Onset and South
Sequentially list conditions, b	SEP	513					
if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease pr injury	DUE TO (OR AS A CO	ONSEQUENCE OF):	>				
thet initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):					
PART II. Other significent conditions of	ontributing to deeth but	not resulting in th	e underlying	cause given in		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
					1 _ YE	S 2 NO	OF DEATH?
DID TOBACCO USE CONTRIE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28.	PLACE OF DEATH (C		UNCERTAIN	۷ 🗆 📗		
A D was a D via	OSPITAL: Inpetient 2 ER/Outpeti		HER: Nursing Home 28c, INJU		6 Other (Specify)	OW INJURY OCCUR	RED.
1 Netural 5 Pending Investigation	(Month, Day, Year)	INJURY	M 1 YE				
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify)	At nome, tarm, street	, factory, office		28f. LOCATION (St. City or Town, S	eet and Number or late)	Rural Route Number,
	N: To the best of my knowled On the basis of examination as						ause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	E W	1.0		29c. LICENSE NUM	BER	29d. DATE, S	PT 291994
30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	NA P	1051	PITAL	oF	BAL-	TIMORF
31. SEP 3 0 1994 Juli	REGISTRAR'S IGNATU	JRE					

Ι, 1. DECEDENT'S NAME (First, Middle, Last)

FOR STATE REGISTRAR

3. TIME OF DEATH

2. DATE OF DEATH

BALTIMORE. BOX 68760 P.O.

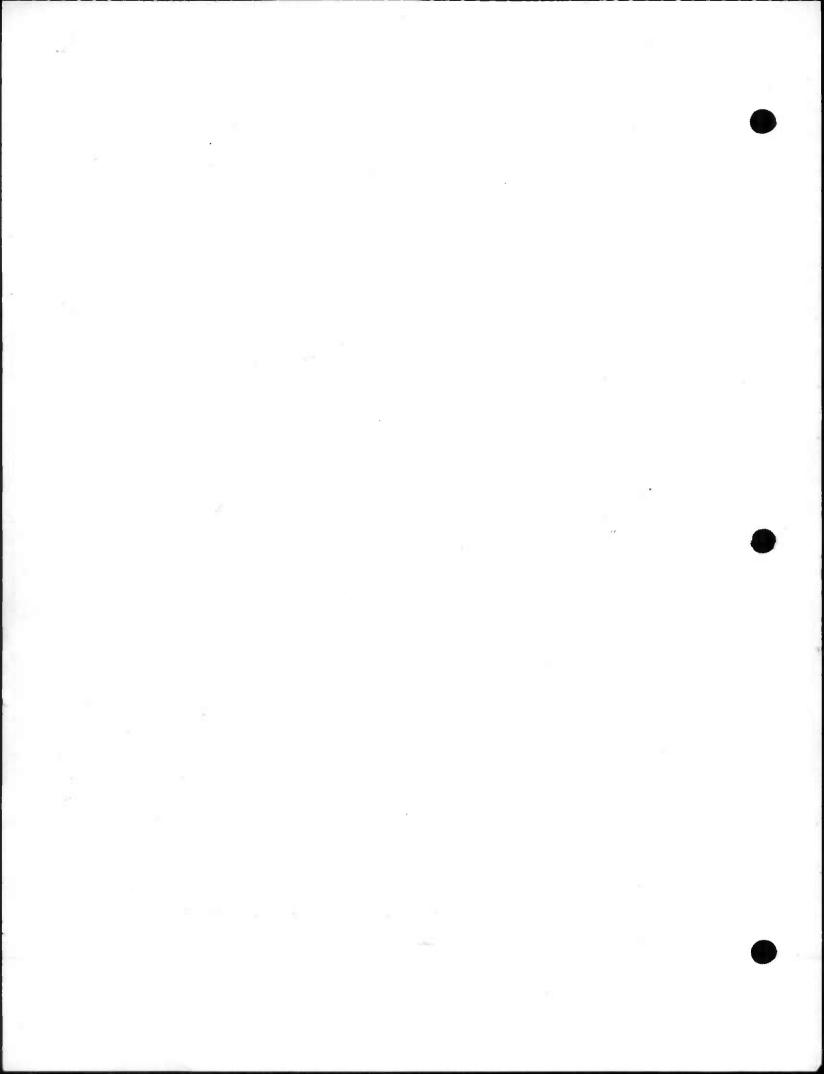
DIVISION OF VITAL RECORDS,

SEPT WILSON 9:39P RODNEY 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 5-2-6 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 212-30-4313 Q 9 DAYS Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Hemire FUNERAL DIRECTOR SINAI HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO permit. 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? mou use as the burial-transit nours after death. Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED **MARYLAND 21215-0020** FORCES? 1 YES 2 t Never Married 2 Married Black ВУ 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high for Elementary/Secondary (0-12) College (1-4 or 5+) SKilled aborre funeral director, page 5 should be detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Saar notified at Stokes -ourse 19a, INFORMANT'S NAME (Type/Print 19b. MAILINO ADDRESS (Street and Number or Rure Route Number, City or Town, State, Zip Code) 2 Isaar SOM 2 þe 20a. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOGATION - City or Town, State DATE must 1 Burlet 2 Cremation 3 4 Donation 5 Other (Specify) 10-1-44 Sand alls Town, mg moria Par examiner MTURE OF FUNERAL SERVICE LICENSEE Mancy 3405 Funeral Wallace 51 and completely filled in by the I o burial, cremation, or removal. medicai 21 PART I. There the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feliure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition event. resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST 10 PART II. Other significent conditions contributing to death but not reaulting in the underlying ceuse given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS has been signed by t Dept. of Health and PERFORMED? AVAILABLE PRIOR TO shows any COMPLETION DF CAUSE OF DEATH? 1 YES 2 | NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate h Item XXYES 2 □ NO 1 ☐ Inpetient 2 X ER/Outpetient 3 ☐ DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Marked. is c 1 Natural 5 Pending 7/26/94 2052 HRS 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Baltimere roodway Marylan 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. HOSPITAL (FUNER within 72th COMP 2 🕅 MEDICAL EXAMINER: On the beale of examination end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(e) and manner ea stated. TO THE HOSPITA
TO THE FUNER
be filed within
IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) BE SEPT. 27/94 O.C.M.E. 2 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 32. REGISTMAR'S SIGNATURE Danden Rudo

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

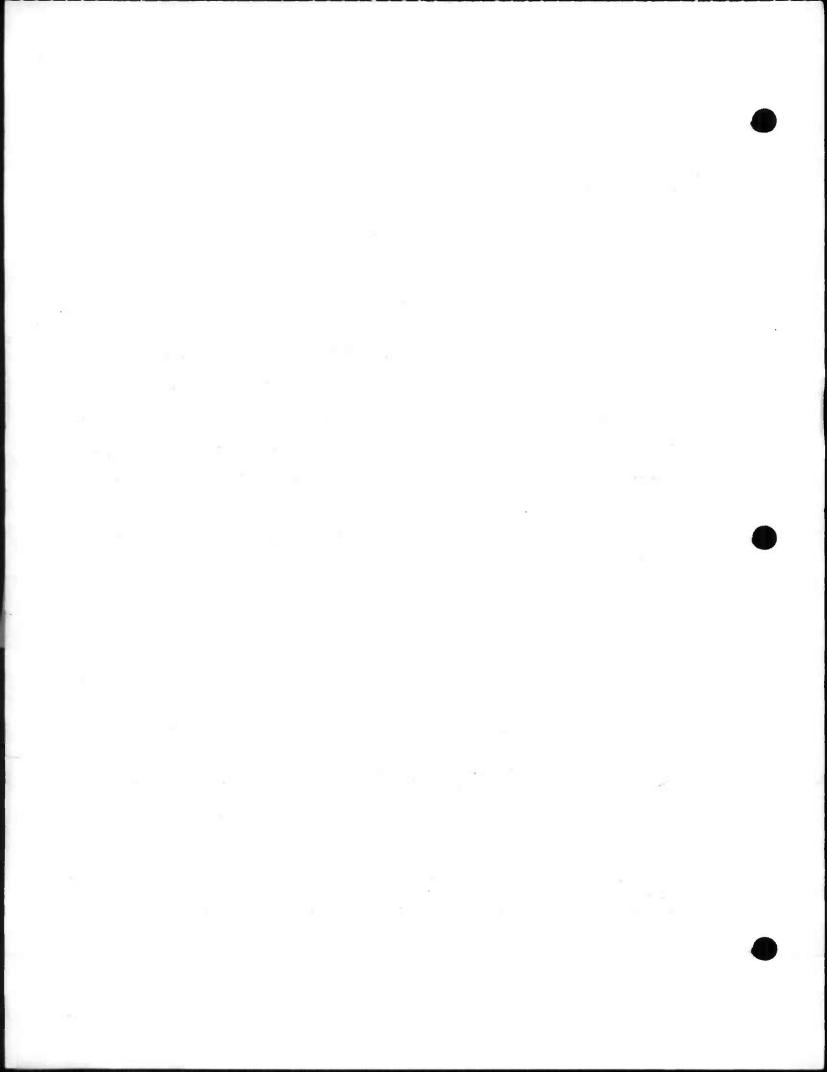
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

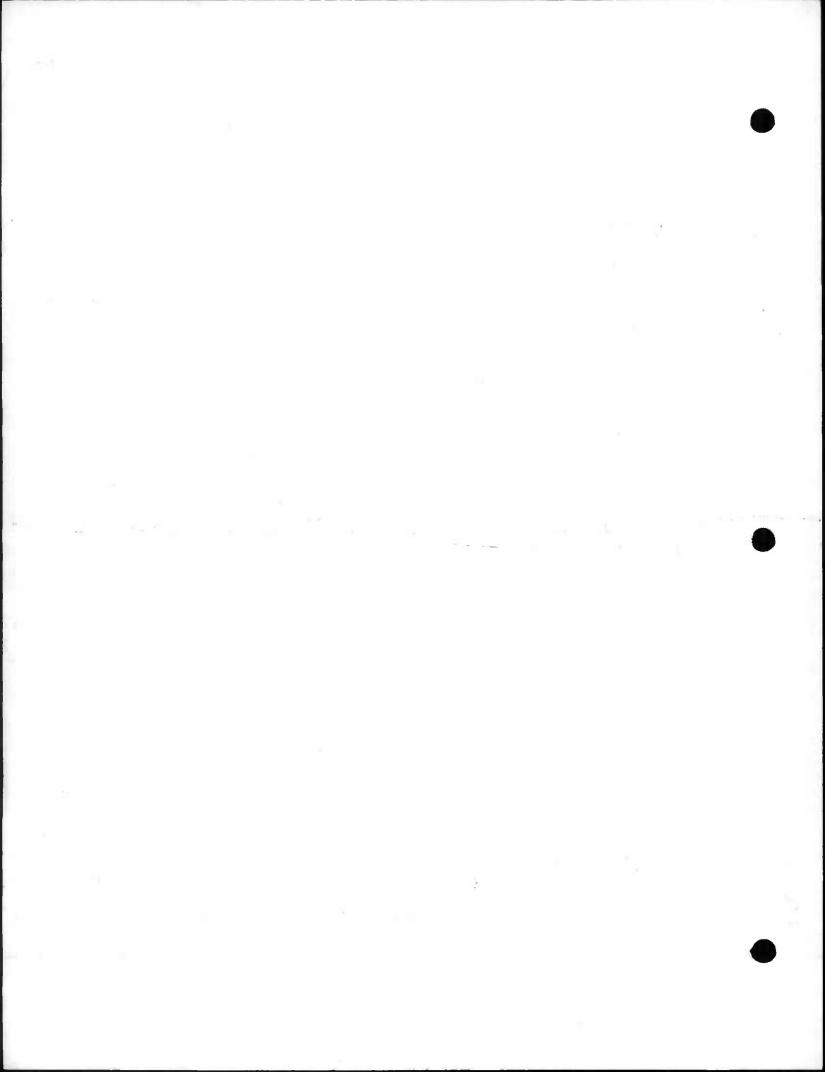
1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
1. OECEDENT'S NAME (First, Middle, Las	1)				2. DATE OF OEATH		3. TIME OF DEATH
MARIA 4. SOCIAL SECURITY NUMBER	KATHLEEN	ADAM	S F UNDER 1 YEAR	IF UNDER 24 HRS.	SEPT. 21	. 94	2200 Pm
217 52 4503			ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cour	
9a. FACILITY NAME (If not institution, give			b. CITY. TOWN O	OR LOCATION OF DE	04/10/194	9c. COUNTY OF	ryland
NORTH ARUNDEL	HOSPITAL E		GLEN E				ARUNDEL
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	ITY	10c CITY	TOWN OR LOCAT	ION			10d, INSIDE CITY
			timore	ION			LIMITS?
10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
46 E. Barney S	Street			21230		U.S.	Α.
11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	U.S. ARMED			IIC ORIGIN? (Specify Yes		CE — American Indien, ick, White, atc.
1 Never Married 2 Married 3 Widowed 4 X Divorced	IF YES, GIVE WAR OR D	ATES		2 NO Specify		200	ocity:
15. DECEDENT'S ED	DUCATION	18a. DECEDENT'S US	UAL OCCUPATION	OM .	16b. KIND OF BUS	INESS/INDIGETBY	White
(Specify only highest gra	de completed) College (1-4 or 5+)	(Give kind of wor life. Do NOT use r	k done during mo	st of working	ios, kino or ood	MLSS/MDOS/M	
		Schoo1	Teacher		Senior	High S	choo1
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden		
	Leonard Ada	ms		Eve	elyn Jenn	nings	
19e. INFORMANT'S NAME (Type/Print)					loute Number, City or Town		
Robert Adams				well Ct.			nia 22071
20e, METHOD OF DISPOSITION 1 Burlal 2 Cremetton 3 Re 4 Donation 5 Other (Specify)	moval from State	PLACE AND OATE OF	DISPOSITION (Na r place) D. MOMOR	med ial Dark	9/27 Ba1	CATION — City or	Morrel and
21. SIGNATURE OF PUNERAL SERVICE	LICENSEE	eadowilag	22. NAME AP	ID ADDRESS OF FAC	CILITY		
16/2 -	m2 -	1	_		ce Funeral		
23. PART I. Enter the diseases, o	manusk	CLOPY	4001	Ritchie I	Hwy. Balt:	imore, M	
shock, or heart failure	List only one cause on e	ach line.				retory arreat,	Approximate interval Between
iMMEDIATE CAUSE (Final disease or condition	1 Ann	Aneron	101	+Nul	_		Onset and Death
reaulting in desth)	DUE TO (OR AS A	CONSEQUENCE OF:		13 projet			
	* h						
Sequentially list conditions, if sny, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
CAUSE (Disease or Injury	c						
that initisted events resulting in death) LAST	DUE TO (DR AS A	CONSEQUENCE OF):					
	d,						
PART il. Other algnificant condition	ona contributing to death b	ut not reaulting in	the underlying	cauae given in	Part I. 24a, WAS AN /		Ib. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
					1/1 YES 2		COMPLETION OF CAUSE OF DEATH?
					_ / `		YES 2 - NO
DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL	T			UNCERTAIN	1 🗆		
EXAMINER?	HOSPITAL:		THER:		AS DESERVED.		
YES 2 □ NO 27. MANNER OF DEATH	1 ☐ Inpatient X XER/Outp	28b TIME C		5 G Residence	8 Other (Specify) 28d. DESCRIBE HOW IN	HIBY OCCUPED	
1 Natural 5 Pending	O 2194	19 58	WO M 1 1	RK?	Cilve to	to k liv	analanta
2 Accident Investigation 3 Suicide 5 Could not be	286. PLACE OF INJUHY	- At home, farm, stre	et, tectory, office		261. LOCATION (Street at	nd Number or Rural	Boute Number,
4 Homicide determined	building, etc. (Spec	STEETE	7		CHUFCH	ST. sall	ATRICK ST.
	SICIAN: To the best of my know						
	NER: Of the basis of exemination	n and/or investigation,	In my opinion, d	eath occured at the	time, data end place, and	due to the cause	(a) and menner as stated,
291. MIGNATURE AND TITLE OF CERTIFI	tirle 1	10		O.C.N		≥ SEPT	D (Month, Day, Year) 22,1994
10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201							
31. DATE FILED (Month, Dex 1994) OCT 0 3 1994	32. REGISTRAR'S SIGN	ATURE	o cree (., Dart.	Lilote, Mo		21201
0CT 0 3 1994	Juin Denden-1	pulsel					



ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 687604

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
1	MONTH					2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH		
	AZAR MICHA 4. SOCIAL SECURITY NUMBER		PHER BULLOCK E (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			SEPT 7. DATE OF BIRTH	26	94 J	8:17 P.M		
	216-23-6205								987 MARYLAND		
OR	JOHNS HOPKINS HO	99. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 17/4									
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	ITY	10c. CIT	Y, TOWN OR LOCA	ION				10d. INSIDE CITY		
DIRECTOR	MARYLAND	n/a		BALTIM				THISTORY HIMITS? THE YES 2 NO			
FUNERAL	100. STREET AND NUMBER 916 N. KE	INWOOD AVENUE	2	10	21205		10g. CITI		VHAT COUNTRY? STATES		
BY FUN	11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR D	XX NO	NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)					e or No- 14. RACE — American Indian, Black, White, etc. Specify: STUDENT		
COMPLETED	15. DECEDENT'S ED (Specify only highest gra-	de completed)	tee. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION Work done during mo	ON st of working	16b. KIND OF E	IUSINESS/IND				
MPLE	Elementary/Secondary (0-12) 2nd	College (1-4 or 5+)	STUE			n,	/a				
BE CO	17. FATHER'S NAME (First, Middle, Last) ROBERT E	BULLOCK			18. MOTHER'S NA LORRA	ME (First, Middle, Maid AINE BURI					
5	190. INFORMANT'S NAME (Type/Print) LORRAINE	BURRISS				NUE, BALT			YLAND #05		
	20e. METHOD OF DISPOSITION XX Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)		PLACE AND DATE OF OF OR OTHER LINES	ther place)			DINDAL.		wn, State RYLAND		
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	TODINGE		D ADDRESS OF FA		30112112	21/22			
	Karen -		1			FH1101			AVENUE		
	23. PART I. Enter tha diseases, prospective immediate CAUSE (Finel disease or condition resulting in death)	a. DUE TO (OR AS A	ach line.				piratory err	est,	Approximata Interval Between Onset end Death		
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	7):							
PHYSICIAN: MEDICAL C	PART II. Other significant condition						AN AUTOPSY ORMED? 2 NO	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
AN	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL		F DEATH YE		UNCERTAI	ND			/\		
SICI	EXAMINER?	HOSPITAL: 1 Inpatient 2 XXR/Outp	•	OTHER:	e 5 🗆 Reeldence	6 Other (Specify)					
£Ι	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ		URY AT RK?	28d. DESCRIBE HOV	/ INJURY OCC	CURED			
à	1 Naturel 5 Pending 2 Accident Investigation		1/00	///	7		struc	ch be	cas		
- 11	3 Suicide 8 Could not be 4 Homicide determined	building, etc. jopec	- At home, term, s	treet, fectory, offic		281. LOCATION (Street City or Town, Sta	re)	or Rurel R	d Avenue		
COMPLETED		SICIAN: To the best of my knowl	ledge, death occur			to the ceuse(e) end m	enner ee atat	ed.	Externore maryla		
	29b. SIGNATURE AND TITLE OF CERTIFI				29c. LICENSE NUN						
BE	Theodore 11	. Ku			O.C.M.				(Month, Day, Year) 27, 1994		
유	30. NAME AND ADDRESS OF PERSON W	0				timore, M					
	31. DATE FILED (Month, Day, Year) OCT 0 3 1994	32. REGISTRAR'S SIGN	ATURE	Jan Dal	Joy Date						



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

				ENTIFICATE OF	DEATH	HEG. NO.		
			1. DECEDENT'S NAME (First, Middle, Lest) Relini	25		2. DATE OF DEATH DAY	Y YEAR	1111-0 11
			4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yis last	SI Sirthday) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTTN (Month, Day, Year)	B. BIFT	TNPLACE (State or Foreign ntry)
Pine			2/2-98-76/13 1 M 2 F 29 90. FACILITY NAME (If not institution, give street and number)	YRS.		2-3-19	W. /	Md
2, 3 should		OR	St Agnes Hospital	Ball	OR LOCATION OF DE	ATN	9c. COUNTY OF	DEATH
- -		딥	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	10c. CITY, TOWN OR LOC	ATION			10d, INSIDE CITY
nit. Pages		DIRECTOR	Md	Balto	Ow, rgs	Mills		LIMITS?
i. insit permit.		FUNERAL	9828 Lyons Hill Rd	1	01. ZIP CODE '		10g. CITIZEN OF	WHAT COUNTRY?
020 physician. burial-transit	Ì	N N	11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. AR FORCES? 1 YES 2	MED 13, WAS DE	CENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No— 14. RA	CE American Indian, ick, White, atc.
21215-0020 al or attending physician for use as the burial-trail		BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES		S 2 NO Specify			Black
3		ETED	(Specify only highest grade completed) (G	CEDENT'S USUAL OCCUPAT	TON nost of working	16b. KIND OF BUS	INESS/INDUSTRY	
AND 2. the hospital of	ai	COMPLE	College (1-4 or 5 +)	LNKNOWN				
de the	t once.	00	17. FATNER'S NAME (First, Middle, Lest)		18. MOTHER'S NAI	ME (First, Middle, Maiden S	Surname)	
IARYL tained by should be	ed at	BE	19a. INFORMANT'S NAME (Type/Print).	- MANUAL ABORDO (C. C.	Natie		Son	
RE, MAR ay be retained page 5 should	be notified	2	Ernest Brigge	5. NAILING ADDRESS (State)	1075 A	Julie Number, City or Town		gs Hills Hd
E -	must			AND DATE OF DISPOSITION (F	Ceneter	18/3/94 Ba	CATION - City or	Town, Stata
h. Pag eral di	niner		21. BIGMATHRE OFF FUNERAL SERVICE LICENSEE	22. NAME / Mar	ANO ADDRESS OF FAC	L. 11/est	1 7	
BALTIMO after death. Page 6 by the funeral directo	or removal. medical examiner		- Blynus D. Seo	CC .	4300 u	Valrash	Ave	
urs in h	r removal		23. PART Enter the disease, or complications that eaused the de shock, or head failure. List only one cause on each line	eath. Do not enter tha m	ode of dying, auci	aa cardlac or respir	ratory arreat,	Approximate interval Between
	the m		IMMEDIATE CAUSE (Final disease or condition	r. r. l.				Onset and Death
3760 rted within completely	event,		disease or condition resulting in death) a. Respirator	OUENCE OF):	re			2 days
		z	PC Pres	inomi	0			15 days
A 6 5	traumatic	CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING					15 days
O. BO certificate by ding physicia	giene pri	FIC.	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEC	DUENCE OF):				25 days
	E 5	E	resulting in death) LAST					
att	injury,	- 11	PART ii. Other significant conditions contributing to death but not re	esuiting in the underiving	og cause given in	Part i. 24s. WAS AN A	ALITOBEY 24	b. WERE AUTOPSY FINDINGS
Or = 6	= =	EDICAL		on the street of the	ig caase givan iii	PERFORI	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Si si	\$ Tea	MED				1 🗆 YES 2	≥ NO	OF DEATN? 1 YES 2 NO
AL RE	ept. of	ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEA	TH YES NO [UNCERTAIN	10		
VITAL AN: The law tificate has	State Dept item 23	PHYSICIAN:	EXAMINER? HOSPITAL:	OTHER:)			
F VIT	e la	17S	1 ☐ YES 2 NO 1 Inpetient 2 ☐ ER/Outpetient 3 27. MANNER OF DEATN 28e. DATE OF INJURY	□ DOA 4 □ Nuraing Ho	me 5 Realdence			
N OF	, par		Netural 5 Pending (Month, Day, Year)	INJURY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE NOW IN	JURY OCCUREO	
DIVISION OF VITAL OR ATTENDING PHYSICIAN: The Jaw DIRFORM: This certificate has b	E		3 Suicide 6 Could not be detarmined 28a. PLACE OF INJURY — At hor building, etc. (Specify)	ma, farm, streat, tactory, offi	СЯ	281. LOCATION (Street at City or Town, State)	nd Number or Rure	I Route Number,
S E	F		29a. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the best of my knowledge, det	ath occurred at the time, det	a and place, and dua	to the cause(a) and many	ner sa stated.	
SPITA	NT: H	COMP	one) 2 MEOICAL EXAMINER: On the besie of examination end/or i					(a) end manner ee stated.
TO THE HOSPITAL D	PORTA	BE	291 GNATURE AND TITLE OF CERTIFIER	- 1 +-	29c. LICENSE NUM	BER	29d. DATE SIGNE	D (Month, Day, Year)
2 2	e E	٥	MD RESI'DE		10762	4.9	09-	21-74
		4	INAN MERKIEUJ 900 CAT	ON AU. B	altin	rore r	1D 21	229
			31. DATE FILEO (Month, Day, Year) 9-2-16-7-13 1994 32. REGISTRAR'S SIGNATURE	2.1.18				
	L			Lucione.				

BALTIMORE, MARYLAND 21215-0020	FOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with rours after death. Page 6 may be retained by the hospital or attending physicial	THE ITS. After this certificate has been sinned by the attending physician and completely filled in by the funeral director page 5 should be described for use as the funeral of
	10mi	Pd :
	9	N fil
P.O. BOX 68760	ath certificate be executed with	thending physician and complete
L RECORDS,	law requires that the de-	s have sinned by the at
DIVISION OF VITAL RECORDS, P.O. BOX 68760	- OB ATTENDING PHYSICIAN: The	DIMPETUR. After this certificate ha

	ermit, Pages 1, 2, 3 should		
and the second of the second o	detached for use as the burial-transit p	eath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remoral.	once.
to pourse on four a situation	director, page 5 should be		ed at
	illed in by the funeral	n, or removal.	marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notifi
	ian and completely fi	or to burial, cremation	aumatic event, th
	the attending physic	d Mental Hygiene pri	Injury, or other tr
	has been signed by	Dept. of Health and	n 23 shows any
	After this certificate	eath with the State	marked, or iter

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF DEATH		3. TIME OF DEATH	
	TONY BLACK					September	~ 30, 1	1994 07:35 p M	
	4. SOCIAL SECURITY NUMBER 218-78-9119	1XXM 2 □ F 37	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	19	6. BIRTHPLACE (State or Foreign Country) MD	
oc	9a. FACILITY NAME (if not institution, give s				R LOCATION OF O	EATH		TY OF DEATH	
0	JOHNS HOPKINS HO	SPITAL		BALTIMO	KE		TRAL 11	MORE CITY	
DIRECTOR	10e. STATE 10b. COUNT	7		, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL I	100. STREET AND NUMBER 5438 FAIRLAWN	AVE		101	ZIP CODE 21215		10g. CITIZ	EN OF WHAT COUNTRY?	
	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	J.S. ARMED	13 WAS DEC					
B	1 Never Merried 2 X Merried 3 Wildowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 X NO	If yes, spe	City Cuban, Mexico	in, Puerto Rican, etc.)	0 01 NO -	14. RACE — American Indian, Black, White, etc. Specify: BLACK	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		(Give kind of w	USUAL OCCUPATIO	N at of working	16b. KIND OF BU	SINESS/INDU	STRY	
۳	Elementery/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	e retired.)					
Ŝ	17. FATHER'S NAME (First, Middle, Last)		CONDING	CIION	18 MOTHER'S NA	ME (First, Middle, Maider	Summanal		
	JAMES L. BLACE	K JR.				MAE BRITT			
O BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or Tov		Code)	
=	DIANNIE BLACK		5438	FAIRLAWN	I AVE B	ALTO, MD	21215		
	20e. METHOD OF DISPOSITION XX Burlel 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)			F DISPOSITION (Na.		1	LTO, I	Ity or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			D ADDRESS OF FA				
	Dala	March		MARCE	H F/H-WE	ST 4300 WA	BASH A	AVE	
CALION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death disease or condition resulting in death) Approximate interval Between Onset and Death Subject of the constant of the								
EHIL	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):					
WEDICAL C	PART II. Other significant condition	a contributing to death but	not resulting in	n the underlying	cause given in	Part I. 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)			
HTSICIAN:	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 - ER/Outpati	lent 3 DOA	OTHER: 4 Nursing Home	5 - Residence	6 Other (Specify)			
-	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY WO		28d. DESCRIBE HOW	INJURY OCCU	JRED	
ופח פ	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify	- At home, farm, s	treet, fectory, office		281. LOCATION (Street City or Town, State	and Number o	r Rural Route Number,	
ST.		CIAN: To the best of my knowled R: On the besis of examination of							
O DE C	296. SIGNATURE AND TITLE OF CERTIFIES	M. Snell			29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Month, Day, Year)	
	Gristini Sm	yd Johr	15 HOL	DKIN	HOSOL	tal Tou	vertle	Balt, MO	
	OCT 0 3 1994	12. REGISTRAR'S SIGNAT	URE					21287	

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATENDIAS PHYSICIAN. The law requires that the death cartificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician.

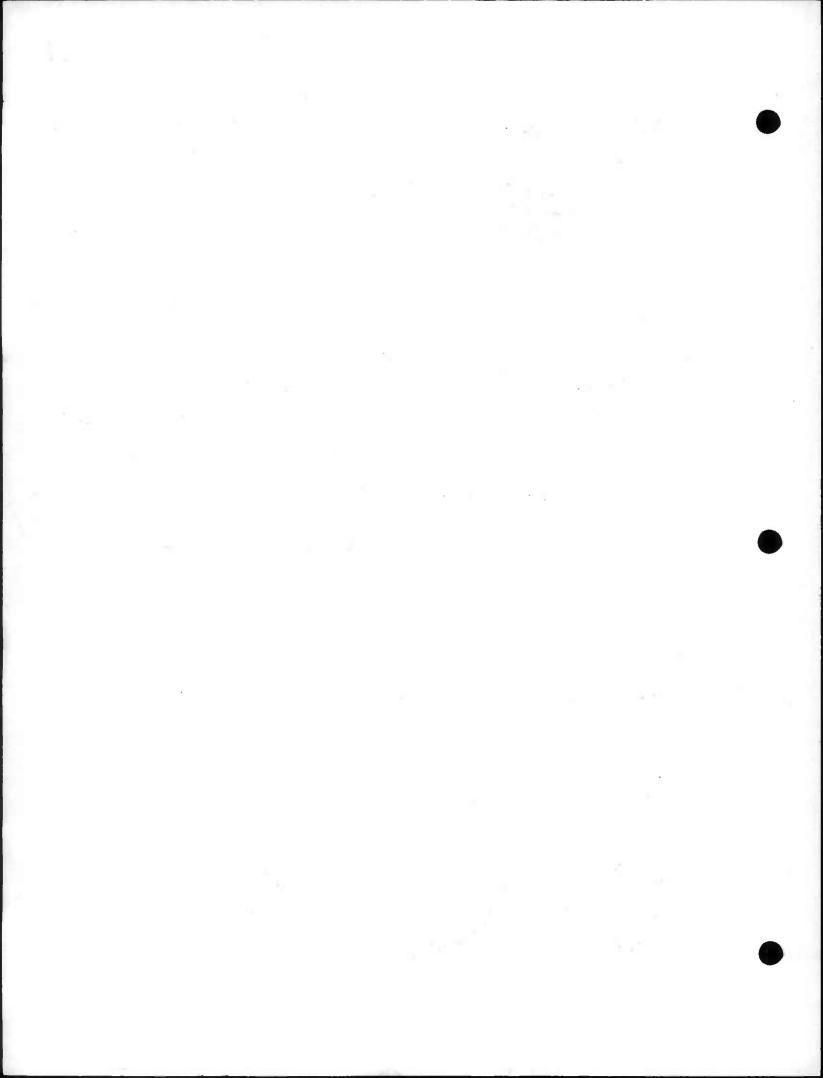
TO THE FUNERAL DEECTIONS after this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

						IOAII	- 01	PLA		HEG. NO	'.		
		Boy	YER							2. DATE OF DEATH	Ĕ	YEAR QUE	3. TIME OF DEATH 9: 30 Am
	1.39-D3-Z		1 M 2 F	6. AGE (In yrs. les	YRS.	IF UNDER	DAYS	24 - 4 6 14			2	8. BIRTHPLACE (State or Foreign Country)	
E	9a. FACILITY NAME (If not institution, give street and number) MERIDIAN - FRANKUN WOOL					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH P. 1 7 M 2				EATH			
똕	RESIDENCE OF DEC	EDENT	MITTO NO.	70 0000	<u> </u>	UP	Th 11		of frame				
Ĭ I	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	TION					10d. INSIDE CITY
L DIRECTOR	Maryland 100. STREET AND NUMBER	Bal	timore			Rei		stow					1 YES 2 NO
FUNERAL	212 Timber	i Grove	e Rd.				101	2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	136		10g. CIT	USA	VHAT COUNTRY?
2	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				MED	13.	WAS DEC			C ORIGIN? (Specify Ye	e or No—		- American Indian,
	1 Never Married 2		FORCES? 1 IF YES, GIVE W	YES 2	NO		If yes, sp	ecify Cube	n, Maxican	, Puerto Ricen, etc.)		Black	t, White, etc.
BY	3 Widowed 4 Divo	reed	11 100, 0112 11	AN ON DAILS			1 □ YES 2 X NO Specify: Specify: WHITE					WHITE	
		EDENT'S EDUC highest grade		(G	ive kind of	USUAL O	CCUPATIO	ON ast of working	ng	16b. KIND OF BU	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-	-12)	College (1-4 or 5 +	·) life.	Housewife								
Ö	17. FATHER'S NAME (First, Mi	ddle, Last)				0.00		16. MOT	HER'S NAM	E (First, Middle, Meider	Surname)		
BE (Robert And								nna F				
2	190. INFORMANT'S NAME (7)									oute Number, City or Tov			
	Patricia A. 2011. METHOD OF DISPOSITI								Kd.	Reisters			
	1 Buriel 2 Crematio 4 Donation 5 Other	n 3 🗆 Reme	oval from State	20b. PLACE / cemetery, cre	metory or o	of bispos other piece) Chomo	uti.o	nme or	10-2	0ATE 20c. LC	mnst	ead	Md
1	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE)		22.	NAME A	O ADDRE	SS OF FAC	11824 F	Doist	0414	www. Paad
	· e	Buy	an I	ruel	l	E	line	Fun	eral	Home Rei	ster	stown	1, Md. 21136
	23. PART I. Enter the di	aaases, or c	complications that List only one cau	t caused the da	ath. Do	not enter	tha mo	da of dy	Ing, auch	aa cardiac or reap	iratory ar	rrest,	Approximata
	IMMEDIATE CAUSE (Fin					0				000	}		Interval Between Onset and Death
	disease or condition reaulting in death)	→					cu	luw	n 0	f Cot	M		2416
z			DOE 10	(OR AS A CONSE	JUENCE U	r-j:							
CERTIFICATION	Sequentially list conditi if any, leading to immed	diata	OUE TO	(OR AS A CONSE	OUENCE O	F):							
FIC	CAUSE (Disease or Inju- that initiated events	ry	c. OUE TO	(OR AS A CONSEC	DUENCE O	F):							
H	resulting in death) LAS	r Ly	d										!
	PART II. Other significa	nt condition	s contributing to	death but not r	asuiting	In the ur	ndariyin	g cauaa e	olvan in F	Part I. 24s. WAS AF	AUTOPSY	24b	WERE AUTOPSY FINDINGS
EDICAL	Hyperter	nein	_				,			PERFO	RMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED	Congesx	انو	Heart	- Fail	we						, no		OF DEATH? 1 YES 2 NO
ä													
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (Chec	ck only one)			
1YS	1 YES 2 NO		1 Inpatient 2 I			4 🗆 Nur	sing Hom		esidence 6	Other (Specify)			
	1 Natural 5 🗆	Pending nveatigation	(Month, D		28b. TIN	JURY M		VES 2	NO	28d. DESCRIBE HOW	INJURY OC	CURED	
D BY	3 Suicide 6	Could not be	26a. PLACE O	F INJURY — At ho atc. (Specify)	me, ferm,	street, fact	tory, offic			28f. LOCATION (Street City or Town, State		er or Rural F	loute Number,
COMPLETED		determined								- State			
APL										to the cause(s) and me			
Ö	2 MEO			camination end/or	Investigation	on, in my o	pinion, d	leath occur	red at the t	ime, date and place, e	nd due lo l	he ceuse(e) end manner as stated.
TO BE	WOAM	PF CENTIFIES	unen	uns				M	82	37-	> 9	9-2	(Month, Day, Year) 9-94
	30. NAME AND ADDRESS OF	CARIN	EN, MD	SE OF DEATH (ITE	M 27) (Type	Print)	184	ARG	HOS	AIMAL, T.	BALT	1 wor	es, und
0	31. DATE FILEO (Month, Day,	994		R'S SIGNATURE						,			
9	00 00	-	0	. 1									



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DIVISION OF VITAL RECORDS, P.O. BOX

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hones after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	Bell				2. DATE OF OEATH	7 94	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 215-01-7406	5. SEX 8. AGE (In yrs. I	YRS.	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN. (Month, Dey, Year) June 21,1908 M.					
E I	90. FACILITY NAME (If not institution, give s St. Elizabeth Ho		"		imore	EATH	9c. COUNTY O	F DEATH		
EG	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c, CITY, 1	TOWN OR LOCAT				10d, INSIDE CITY		
FUNERAL DIRECTOR		timore						LIMITS? 1 YES 2 NO		
W 100. STREET AND NUMBER 101. ZIP CODE 21.228						10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRYS				
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	NO	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Maxican, Puerto Ricen, atc.) 1 YES 2 NO Specify: Specify:							
1ED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind of world	UAL OCCUPATION MORE	IN st of working	16b. KIND OF BU	SINESS/INOUSTR	white		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Homen	ŕ		0	wn Home			
S S	17. FATHER'S NAME (First, Middle, Last) Patrick E. DeYour	10				ME (First, Middle, Maiden J. Sulliv	Sumeme)			
BE	19a. INFORMANT'S NAME (Type/Print)	0	19b. MAILING AL	ODRESS (Street a		O. SULLIV Route Number, City or Tow		,		
2	Marian E. Bell					alto, Md.	21228			
	20e. METHOD OF DISPOSITION 1	oval from State cametery c	rematory or other	DISPOSITION (Na r place)			CATION — City o			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ZUSEE Cres	strawn	22. NAME AN	ID ADDRESS OF FA			ille, Md		
	1 Letter of	dold mos	11		-	on Funeral Avenue, B		d. 21228		
	IMMEDIATE CALISE (Final	a. Some to one to one of the course of the course on each life. DUE TO (OR AS A CONS) DUE TO (OR AS A CONS) DUE TO (OR AS A CONS)	ne.	anter tha mo	da of dying, suc	h ss cardisc or resp	Iratory srrest,	Approximate Intervei Between Onset and Death		
CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS		co (peve	e s/iele	ld d	formy		
AL C	PART II. Other significant condition	is contributing to deeth but not	t rasuiting in	the underlying	cause given in			24b. WERE AUTOPSY FINDINGS		
MEDICA	CHF					PERFOI		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
N.	DID TOBACCO USE	CONTRIBUTE TO CA	USE OF	DEATH Y	ÆS 🗆 NO			1 TYES 2 NO		
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10		ACE OF DEATH (Ch	eck only one)				
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH	1 □ Inpatient 2 □ ER/Outpatient 28e. DATE OF INJURY	28b. TIME C	OF 28c. INJ	URY AT	8 Other (Specify) 28d. DESCRIBE HOW I	INJURY OCCURE	,		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		RK? /ES 2 NO					
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At I building, etc. (Specify)	home, ferm, stre	et, factory, office		28f. LOCATION (Street City or Town, State)	and Number or Ru	ral Floute Number,		
COMPLETED		ICIAN: To the best of my knowledge, of ER: On the basis of examination and/o						se(e) end menner ee stated,		
BE	296. SIGNATURE AND TITLE OF CERTIFIER WILL AM M	Russell			29c. LICENSE NUI		29d. DATE SIGN	NEO (Month/Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WH	1			2 4 3 =	7	1/3	-/-/		
	3320 SENSUA 31.ANT THE THE TYMOGRAPH OF ALL	M RESTRUCTION	mi	MO	2127	-1				
	III. I U U IJJA XW	A								

31. DATE CILED (10013 0 1994

BALTIMORE, MARYLAND 21215-0020	rSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	n, or remova. e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE FOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transi	De med writin 72 nouis arter deam with the State Lept. Of Hearin and Merita Hyderle prof to Dunal, clematon, of removal. IMPORTANT: It litem 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE	STATE OF	MARYLAND	/ DEPAI	RTMENT OF	HEALTH	AND	MENTAL HY	GIENE		4 20033	
	REGISTRAR		С	ERTIF	ICATE O	F DEA	TH		G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	•						2. DATE OF DE	DAY	YEAR	3. TIME OF DEATH	
	ROBERT LES 4. SOCIAL SECURITY NUMBER		BROWN			1		9	29	94	5:35 A M	
	212 20 7390	5. SEX 1 ∰ M 2 ☐ F	6. AGE (In yrs. le	YRS.	IF UNDER 1 YEAR		MIN.	7. DATE OF BIF (Month, Day, 10/23	Year)	Co	ATHPLACE (State or Foreign unity) Tyland	
TOR	St. Agnes Hospi		96. CITY, TOW	n on Locati altimo								
DIRECTOR		10a. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS? 1 YES XX NO		
FUNERAL	100. STREET AND NUMBER 5433 Channing R		101. ZIP CODE 21.229				10	-	F WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES WWJ			ARMED 13. WAS DECENDENT OF HISPANIC If yes, specify Cuben, Maxican, 1 YES 2 NO Specify:				n, Puerto Rican,	C ORIGIN? (Specify Yes or No— 14. RACE — American Black, White, etc. Specify: White			
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)				DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				16b. KIND OF BUSINESS/INDUSTRY Plumbing			
BE COM	17. FATHER'S NAME (First, Middle, Last) Robert Lester Brown Sr. 18. MOTHER'S NAME (First, Middle, Meiden Surname) Unknown											
TO E	19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Angela M. Brown 5433 Channing Rd. Baltimore, Md. 21229											
	20a. METHOD OF DISPOSITION 1 Burlel 2/3/Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Greenmount Crematory 9/30 Baltimore, Maryland											
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY David J. Weber Funeral Homes 5311 Edmondson Ave. Baltimore, Md. 21229											
	23. PART I. Enter the diseases, pr shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	. List only one car	at coused the duse on each lin	10.		mode of dy	ing, suc	h aa cardlec o	r reapirate		Approximate Interval Between Onset end Death	
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury thet initiated events resulting in death) LAST b. USE ON SEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL CE	PART II. Other algnificent condition	ins contributing to	death but not	resulting	in the underly	ing cause (given in	F	MAS AN AUT PERFORMEI YES 2 [D?	Ab. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input I											
	27. MANNER OF DEATH 288. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Pending 28c. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY TWORK?											
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined						261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 9/29/94 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											

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BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be morified at once
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31. DATE FILED (Month, Day, Year)
OCT 0 3 1994

32. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH DAVID BROWN SEPT 94 0937 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year (Month, Day, Year) 2 -12-DAYS 1 M 2 | F HOURS YRS. Charleston 9a. FACILITY NAME If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1241 EAST LAFAYETTE AVENUE BALTIMORE CITY DIRECTOR Timore RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY nary lang 1 TES 2 NO FUNERAL 10e STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE - American Indian 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Black BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTR stary/Secondary (0-12) College (1-4 or 5+) aborer WORKER ACTORU 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) N BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, Stete, Zip Code) 2 agette he 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) MOUN w RE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 340 2 23. PART Length he diseases, or complications that caused the desth. Do not antar the mode of dying, such as cardiac or respiratory arrest, Approximate ck, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition ATHOROSCUERONC CARDIOURSCUMAN DISASSE resulting in death) OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated evants OUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 TYES 2 NO Milecro PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | UNCERTAIN | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: XX YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home X Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural м BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end menner as stated. ** MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(a) end mannar as stated. 29b. SKINITURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER BE OCT.1, O.C.M.E 1994 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

A. Maryland 21201

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our after that. Page 8 may be retained by the hospital or attending physician. In by the homen director, page 5 should be detached for use as the burial-transit in by the homen. BALTIMORE, MARYLAND 21215-0020 attending physician and completely filled in by DIVISION OF VITAL RECORDS, P.O. BOX 68760, DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the

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once. at notified e must examiner cremation, or removal the medical event, prior to burial. traumatic injury, or other Mental Hygiene Signed by the shows any r this certificate has been si h with the State Dept. of He arked, or Item 23 show marked, After death 28 is DIRECTOR: / Item

PHYSICIAN:

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TO THE HOSPITAL OF TO THE FUNERAL DE BE filed within 72 ho

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH FRANK BROWN JR. SEPT 94 11:00 AM 4 SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign DAYS 1 💭 M 2 🗌 F YRS 30 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1703 BARCLAY STREET 3RD FL. DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT IDC. CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 109. CITIZEN OF WNAT COUNTRY? 1703 Barclay Street 21202 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuban, Maxican, Puario Rican, stc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 YES 2 NO Specify В 3 Widowed 4 Divorced Black ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle Maiden Surname) BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ocme 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Burial 2 Cremation 3 Ramoval from Stata removal 4 □ Donation 5 □ Other/Specifyin state 21. SHOMATURE OF FUNERAL SERVICE LICENSEE Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITS tate Anatomy Board 655W.Baltifmore St, Balto, MD21201 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete shock, or heart fallura. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset end Death disease or condition resulting in death) . Narcotic intoxication DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to deeth but not recuiting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO 1 XYES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATN (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 | Nursing Nome | X | Residence | 8 | Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA XXYES 2 NO 27. MANNER OF DEATN 28a. DATE OF INJURY 286. TIME OF INJURY Unk. 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 9-7-94 5 Pending 1 YES 2 X NO Unknown ΒY Investigation 2 Accident 26s. PLACE OF INJURY — At home, term, street, lectory, office 281. LOCATION (Street and Number or Rural Route Number, 3 Suicide 6 X Could not be 4 Homicide 1703 Barclay St., Balto., MD Found at home datarmined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2XXMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SHOWATI AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ▶ SEPT. 8,1994 O.C.M.E

111 Penn Street, Baltimore, Maryland 21201

IPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE As inter

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31. DATE FILED (Month, Day, Year)

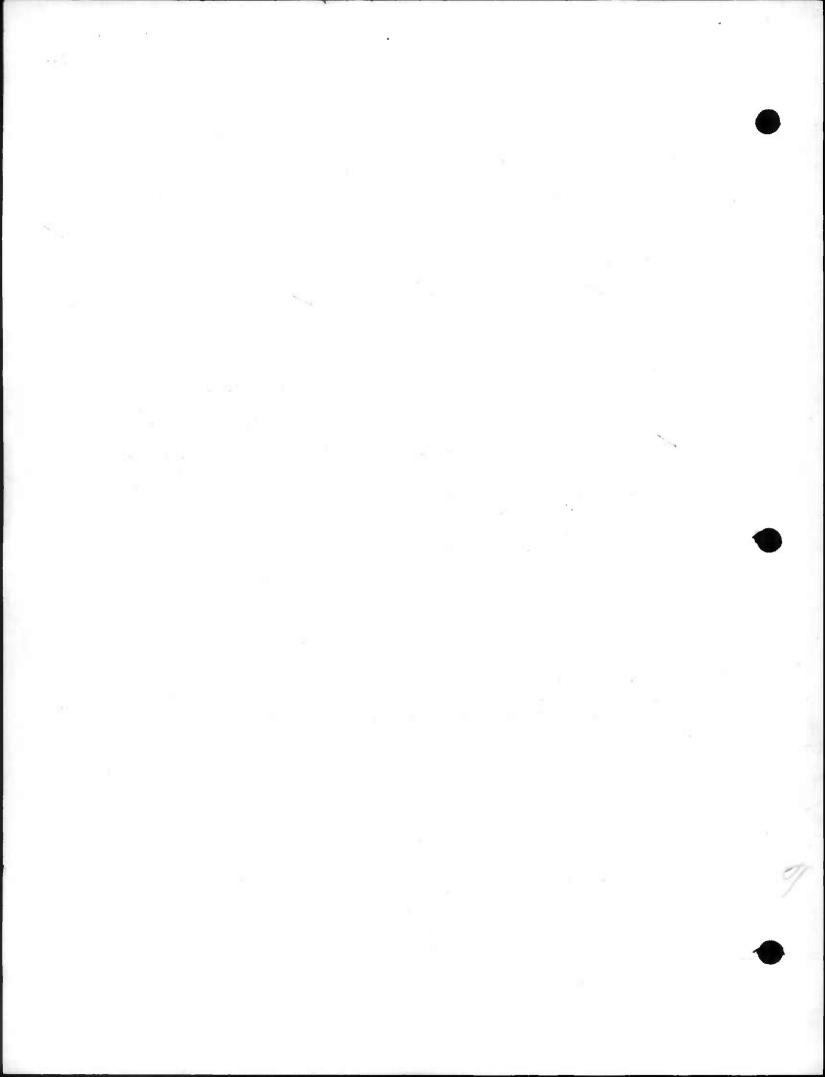
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Juns after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction to the find within 20 hours after death with the State Death and Marial Management of the find within commission or companied.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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	T - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	PATRICIA	A BRANDNER				SEPTEMBER		5:30P M
	4. SOCIAL SECURITY NUMBER 5.	NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24						IPLACE (State or Foreign
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DIRECTOR	Greater Baltimore N	<u>1edical Cente</u>	er	Towson	1		Baltimo	ore
RE	10a. STATE 10b. COUNTY			OWN OR LOCAT				10d. INSIDE CITY LIMITS?
	MD Baltin	nore	Mid	dle Riv	er			1 TES 2 NO
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S	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN U.S	S. ARMED	13. WAS OEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No- 14, RAC	E — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES 2		If yes, spe	city Cuban, Maxican 2 10 Specify	n, Puerto Rican, atc.)	Blec	k, White, atc.
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COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade corr	ON 16-	a. DECEDENT'S USI (Give kind of work	done during mo:	N st of working	16b. KIND OF BUS	SINESS/INDUSTRY	
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MP	14 Years			sentati			lantic F	none co.
	17. FATHER'S NAME (First, Middle, Last) Frank Joseph Buch	ne1				ME (First, Middle, Maiden Petrello	Surname)	
BE	19e. INFORMANT'S NAME (Type/Print)				_			
2	190. INFORMANT'S NAME (Type/Print) Charles Brandner					ddle River		20
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal		ACE AND DATE OF D			10/03/94 E	CATION - City or To	
	4 Donation 5 Other (Specify)		RWOOD OC	3				al Home Inc.
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- 1	23. PART I. Enter the diseases, or com shock, or heart fallure. List	plications that caused th	e death. Do not	enter the mo	de of dying, such	ss cardiec or reapi	ratory srrest,	Approximate
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AL C	PART II. Other significant conditions of	ontributing to death but y	pot resulting in t	he underlying	cause given in	Part I. 24a. WAS AN		. WERE AUTOPSY FINDINGS
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ξĺ	27. MANNER OF GEATH	28e. OATE OF INJURY	28b. TIME O	F 28c, INJ	JRY AT	28d. OESCRIBE HOW II	NJURY OCCUREO	
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0 84	3 Suicide 8 Could not be	28e. PLACE OF INJURY — /	At home, term, stres	nt, factory, office		281. LOCATION (Street a	and Number or Rural I	Route Number,
	4 Homicide determined	building, etc. (Specify)				City or Town, State)		
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ğ		on the basis of examination an						and menner es stated
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1	The funeral director page 5 should by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the burial-transit	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

permit. Pages 1, 2, 3 should

94 28863 item # 18 Film # G 716 10-03-94 N.A. Per Funeral Home STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Coby Margaret Μ. 9 26 94 4. SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 3 8 30 DAYS 214-26-4910 1 M 2 TF 64 YRS. Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore 208 Diener Place N/7. 10e. STATE 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY Maryland N/A Baltimore 1- YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? #302 21229 USA 208 Diener Place 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: 1 TYES 2 NO Specify: Black BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Flementary/Secondary (0-12) College (1-4 or 5+) 12th grade Crossing Guard Baltimore City 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Thelma Green Delma Leonard Cross BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21229 208 Diener PlaceApt. 302 Paul Coby Baltimore, e 9/35/94 LOCATION — City or Town, State 20e. METHOD OF DISPOSITION
1 N Burlel 2 Cremellon 3 Removal from State
4 Donetlon 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of MUST Garrison Forest Vet Čem. Owings Mills, Md 22. NAME AND ADDRESS OF FACILITY 5240 Reisterstown Rd. mer 21, SIGNATURE OF FUNITIAL SERVICE LICENSEE Turis Chatman-HarrissF/H Baltimore, Md2121 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata shock, or heart feliura. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final e disease or condition resulting in deeth) metastatic hepatricellular concer 6 months DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. QUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO Z 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 140

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

EXAMINER?

HOSPITAL OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 5 Reeldence 8 - Other (Specify) 28e. OATE OF INJURY (Month, Day, Year) 27. MANNER OF GEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO 1 Natural

5 Pending м 1 YES 2 NO Investigation 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 6 Could not be

281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

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29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee atsted.

2 _ MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

Olh - MD 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

900 CATONAVE. BALTIMORE MD

32. REGISTRAR'S SIGNATURE OCT 03 1994

VYVONNE OTTAVIANO

9.2694

REG. NO.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 1:40 A. M Alan M. Colburn 10 1994 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS 8/20/1957 217-76-3302 SCM 2 ☐ F 37 Md be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 6 Park Drive DIRECTOR Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Md 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6 Park Drive 21207 USA ours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puerio Ricen, etc.)
1 ☐ YES 2 ☑ NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES 2 NO BY Specific Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. (Give kind of work done life. Do NOT use retired.) Flementary/Secondary (0-12) College (1-4 or 5+) Greenhouse Manager Nurserv be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) George J. Colburn Gloria J. Landis page 5 should 1 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Bill McClaskev 6 Park Drive, Balto, Md. 21207 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata must MXBurial 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) filled in by the funeral director, Gardens of Faith 10/8 Baltimore, Md medical examiner 22. NAME AND ADDRESS OF FACILITY Sterling Ashton Funeral Home 100550 736 Edmondson Avenue, Balto, Md. 21228 23. PART I. Enter the/diseasee, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arreet, Approximate ehock, or heart fellure. List only one cause on each line. Interval Between cremation, or IMMEDIATE CAUSE (Final Onset and Death traumatic event, the diseese or condition CARDIO PULMONARY ARREST and completely for burial, cremation resulting in death) DUE TO (OR AS A CONSEQUENCE OF): END-STAGE CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) the attending physician a Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be other t CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initieted events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the any 1 YES 2 NO OF DEATH? shows 1 YES 2 NO been s DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO D PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h HOSPITAL: 1 TYES 2 THO OTHER 4 - Nursing Home 5 Residence 0 27. MANNER OF DEATH 26s. DATE OF INJURY INJURY 26b. TIME OF 26c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural h. Day. Jeac 5 Pending Investigation AM N 1 YES 2 NO DIRECTOR: After the hours after death v BY 2 Accident 26s. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, 60 COMPLETED 6 Could not be 28 4 Homicide item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 HO IMPORTANT: It is (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day. 29c LICENSE NUMBER BE 2 30. NAME AND ODDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print) PARKULECE HEDUTH HUDUTH 0 NORTH 9512

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	ITMENT OF H	REALTH AND N	MENTAL HYGIEN		
		1. OECEDENT'S NAME (First, Middle, Lest)	10				2. DATE OF DEATH		3. TIME OF DEATH
		KATHERINE 4. SOCIAL SECURITY NUMBER		COSTELLO	_		September	30,19	94 M
pin		212-03-6282	1 □ M 2 🛭 F 80	In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-19-19	914	Maryland
3 should	E	99. FACILITY NAME (If not institution, give s 1537 Woodbourne A				nore City		9c. COUNTY	OF DEATH
s †, 2,	DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT			Y, TOWN OR LOCAT				
permit, Pages		Maryland		IOC. CIT	Baltimor	e City			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
sit	ERA	1537 Woodbourne A	ve.		101	21239		10g. CITIZEN	OF WHAT COUNTRY?
21215-0020 al or attending physician. for use as the burial-transit	BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 7NO	If yes, sp	ENDENT OF HISPAN	IC ORIGIN? (Specify Year, Puerto Ricen, etc.)	e or No- 14.	RACE — American Indian, Black, White, etc. Specify: White
215- attendil	- 4	15. DECEDENT'S EDU (Specify only highest grade	CATION completed		USUAL OCCUPATION		16b. KIND OF BU	SINESS/INDUST	
21 al or for u	COMPLETED	Elementary/Secondary (0-12) 12 yr s	College (1-4 or 5+)	life. Do NOT u	ng Guard		Baltin	nore Ci	ty
	BE CO	17. FATHER'S NAME (First, Middle, Last) JOSEPH	Lochner				ME (First, Middle, Melden erine	Sumame)	Bullock
be retained ge 5 should e notified	70	Mr. John J. Coste	11o,Jr.				Cockeys		
6 may ctor, pa		20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donalion 5 Other (Specify)			of Disposition (Na ther place) atherdal	10/3/		cation — city altimor	
ALTIM death. Page tuneral direct.		21. SIGNATURE OF FUNERAL SERVICE LIC		1	22. NAME AI	ND ADDRESS OF FAC	Baltim	ore, Ma	ryland 21214
BALT after death. by the funeramoval. ical exami		Milton	1. Knight	L'			ick,Inc.		
24 nours y filled in b tion, or re the med		IMMEDIATE CAUSE (Final disease or condition	Emplications that caused List only one cause on as	tha daath. Do i	not anter the mo	da of dying, such	as cardiac or resp	iratory arrest,	Approximata Interval Batween Onset and Daath
68760, executed within 24 and completely fille o burial, cremation, natic event, the		resulting in death)	B. DUE TO JOH AS A	CONSEQUENCE	Pi	ring	CA		5 maus
P.O. BOX 68 th certificate be execu ending physician and il Hygiene prior to buri	CERTIFICATION	Sequantially list conditions, if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	. 1dy	CONSEQUENCE O	nod	e He	art d	cseo	se 20 ys
DS, F the death the atter d Mental injury, o	占	PART II. Other aignificant condition	s contributing to death bu	ut not resulting	in the undarlying	g cause givan in i	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
w requires that the been signed by the of Health and a shows any in	EDIC						1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL RE sear law requestrated been of 23 sho	N: M	DID TOBACCO USE CONTI	RIBUTE TO CAUSE O	F DEATH YE	S NO [] UNCERTAIN			1 TYES 2 NO
一年 章章 量	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpi	26. PLACE OF OEA	OTHER:	-/			
ON OF VITAL ING PHYSICIAN: The law fifer this certificate has eath with the State Dep	PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ	RK?	6 Other (Specify) 28d. OESCRIBE HOW I	NJURY OCCURE	:0
DIVISION OF VI. REATTENDING PHYSICIAN: DIR CTOR: After this certification; after death with the St. IND. 28 Is marked, or it	ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm,		YES 2 NO	28t. LOCATION (Street City or Town, State)	and Number or R	ural Route Number,
DIVI	PLET	29e. CERTIFIER (Check only	CIAN: To the beat of my knowle						
	8	2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIES	R: On the besie of exemination	end/or investigation	n, in my opinion, d			d due to the ce	use(e) end menner ee stated.
TO THE De filed	TO BE	30. NAME AND ADDRESS OF PERSON WH	Ch	XAD	Order	D 3	610	≥ 9d. DATE SIG	30/94
		Alan B. Cohen, M.				Suite	501		
		31. DATE FILEO (Month, Day, Year) OCT 0 3 1994	32. REGISTRAR'S SIGNA						
_									DHMH-16 Rev 1/89

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	FIAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IL OR ATTENDING PHYSICIAN: The law requires	L DIRECTOR: After this certificate has been signing hours after death with the State Dept. of Health	if item 28 is marked, or item 23 shows

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR					IENTAL		E			
	DECEDENT'S NAME (First, Middle, Last)		CENTIF	ICATE	OF	DEATE	_		REG. NO.				
		MATA						MONTH		W	YEAR	3. TIME OF DE	ATH 44
1 1	MARY A CAR							10	0:	2 '	74	8:11	A M
		. SEX 8. AGE (In yrs.	last birthday)	IF UNDER 1		IF UNDER 24	HRS.	7. DATE C	Dev. Year)		8. BIRTH	IPLACE (State or	Foreign
	219-34-0396 1	□M2×F 96	YRS.	WONTHS I	DAYS	HOUNS	MIN.	June	20.	1904	4 Ma	rylan	d
	9s. FACILITY NAME (If not institution, give street	and number)		9b. CITY, T	TOWN OF	LOCATION	OF DEA	TH	,		INTY OF D		
DIRECTOR	Good Samaritan Hospital Baltimore, City										TV.		
	10e. STATE 10b. COUNTY		t0c. CIT	Y, TOWN OR	LOCATIO	ON					-	10d. INSIDE CI	TY
5	Maryland		1	Balti	mov	2.0	Cit	+ 1/				LIMITS?	
	10e. STREET AND NUMBER			Jaici	_		U I	L y				1 X YES 2	
¥					101.	ZIP CODE						WHAT COUNTRY	?
FUNERAL	6405 Loch Raven					212	239				U.S.	Α.	
5	11. MARITAL STATUS 12	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	ARMED	13. WA	AS DECE	NDENT OF	HISPANIC	C ORIGIN?	(Specify Yaa	or No-	14. RACI	E — American In k, White, etc.	dlan,
	. C wanties Z C matting	IF YES, GIVE WAR OR DATES	NO			cify Cuban, I		Puarto R	ican, atc.)		Stack	k, White, atc.	
ВУ	3 Widowed 4 Divorced			_ ''		- W	ороспу.				opec.	White	
	15. DECEDENT'S EDUCATI	ION 16a.	DECEDENT'S	USUAL OCC	CUPATION	٧.	-	18b.	KIND OF BUS	INESS/IN			
E	(Specify only highest grade corr		(Give kind of a	work done dur	ring most	of working		100.					
1 2		College (1-4 or 5+)											
COMPLETED	8		H(ome M					<u>in Ho</u>				
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	R'S NAM	E (First, M	iddle, Maiden	Sumame)			
ш	William H. Shaf	fer				Jul	lia	Κr	eipl				
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	Street and			-		. State. Zi	in Code)		====
2	William F. Broo	k c	2.6	2/ 5			0.0	A	24	24/	,		
	AA- METHOD OF BIODOGITION						en /		21				
	1 V Burial 2 Cremation 3 Amyline	from State 20b.PLAC	crematory or o	OF DISPOSITI (her place)	ION /Nam	ne of		DATE	20c. LO	CATION —	City or To	own, Stata	
1		4/1103	t Ho						94	Вa	<u>lto.</u>	Md.	
1	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE/ /		22. NA	AME AND	ADDRESS	OF FACI	UTY D 1	T	_			
	> Kanda C. V.	1.//							, In				
\vdash	honald theres	who		53	305	Hari	for	d Ro	1. 21	214			
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart failure. Let only one cause on each line. Approximate interval Between												
1 1	IMMEDIATE CAUSE (Final	Dilly Dire Cauea Dil each i	1118.										Between nd Daath
		PURTUAS A	0 40	D 001	.10.		0071	0	1-1011	ove,	44	_	
	resulting in death)	DUE TO (OR AS A CON	PEOLIENCE O	ABDOMINAL AORTIC				> MUGURTSIM			45	MIN	
												1/01	
Z	Sequentielly list conditione, b.	ABDOMINAL	· AO	RTIC	A	NEU	KYS	M				YEA	CS
RTIFICATION	if any, leading to immediate	DUE TO (OR AS A CON	SEOUENCE O	F):									
5	CAUSE (Disease pr injury												
臣	that initiated events	DUE TO (OR AS A CONS	SEQUENCE OF	F):									
E	resulting in deeth) LAST												
핑	U												
4	PART ii. Other significent conditions conditions	ontributing to deeth but no	t resulting	in the unde	erlying	ceuse giv	ren in P	art f.	24a. WAS AN		24b	WERE AUTOPSY	
MEDICAL									PERFOR			AVAILABLE PRIC	
								_	1 TYES 2	NO		DF DEATH?	
Σ								_			- 1	1 YES 2	NO
z													`
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLA	CE OF DEA	TH (Chec	k only one)				
PHYSICIAN	1 Tes 2 No	OSPITAL:	3 DOA	OTHER:		5 Resid	dence 8	□ Other	(SneoWd)				
	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIM		Sc. INJU				RIBE HOW II	HILDY OC	CHBED		
	1 Netural 5 Pending	(Month, Day, Year)	INJ	URY	WOR	K?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
à	2 Accident Investigation					S 2 N	NO						
	3 Suicide 8 Could not be	28s. PLACE OF INJURY — At building, etc. (Specify)	home, farm, a	street, factory	y, offica		1		TION (Street a Town, State)	nd Numbe	r or Rural F	Route Number,	
	4 Homicide datarmined							, -					
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	N: To the best of my knowledge,	death occurr	ad at the time	o deta a	nd pleas	nd due to	n the serve	a(a) and		dod.		
2												. Sunter-	2004.25
8	EXAMINEN: 0	On the besis of examination and/	or investigatio	n, in my opir	mon, das	mn occured	st the ti	ma, data s	ind place, and	dua to t	na cause(s	i) and mannar as	stated.
1	29b. SIGNATURE AND TITLE OF CERTIFIER	12. 1				29c. LICENS	SE NUMB	BER .		29d. DAT	E SIGNED	(Month, Day, Yes	r)
/C	DAY LVAY X	Rusidunt				P-1	14:	711			1017	2194	
F 344	The second secon						-		1				

Samaritan

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

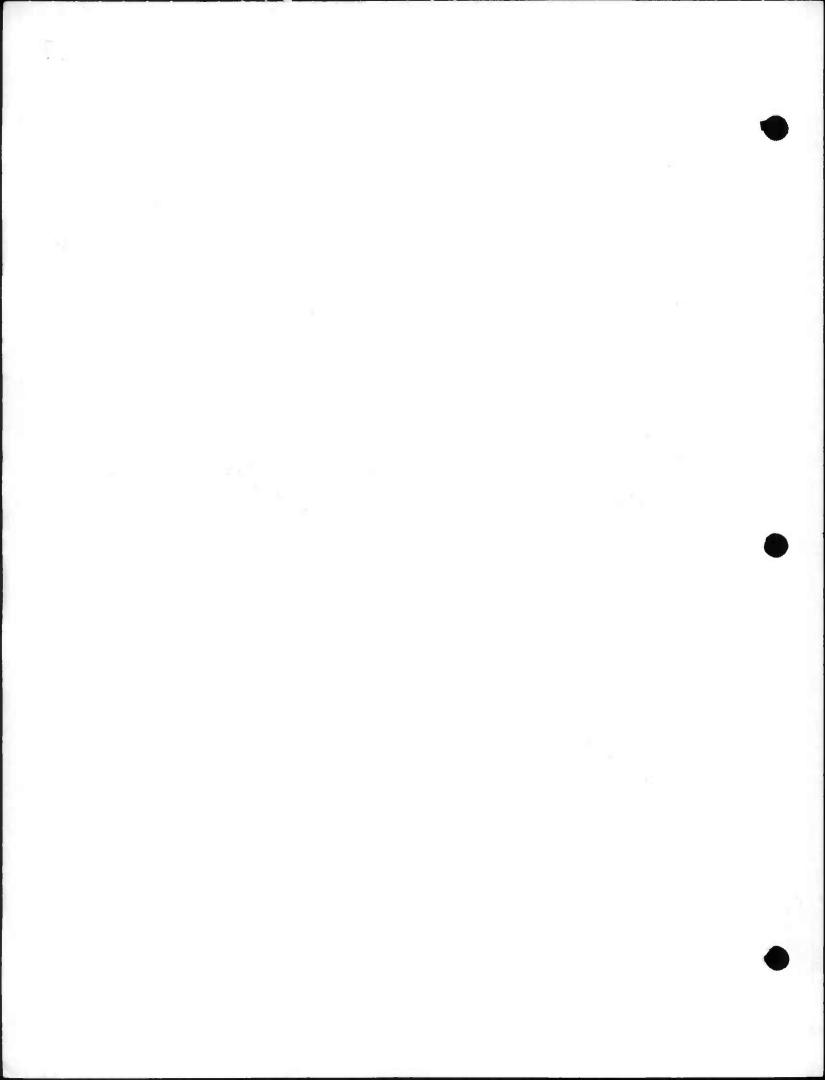
31. DATE FILED (Month, Day, Year)
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF GEATH YEAR CHELTON ACQUES 0 -02 -8.10A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) M 2 DF DAYS HOURS MIN. MD 215-14-0256 /29/19 permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR North West Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore 1 TES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? bunal-transit 21229 Springfield State Hospital USA within 24 hours after death. Page 6 may be retained by the hospital or attending physician WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 11 MARITAL STATUS 14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican,

1 YES 2 NO Specify: Never Married 2 Merried В White 3 Widowed 4 Divorced for use as the COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) intary/Secondary (0-12) College (1-4 or 5 +) none detached Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) To unknown the funeral director, page 5 should be unknown notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Alice Bellamev 861 Park Ave., Balto. MD pe 20a METHOD OF DISPOSITION

1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION — City or Town, Stats ery, crematory or oth Ceme. ☐ Donation 5 ☐ Other (Specify) 10/3/94 Lansdowne, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Albert P. Wylie F/H PA 638 N. Gilmor Street, Balto.MD 2121 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximata ahock, or heart failure. List only one cause on each line. 9 Interval Between IMMEDIATE CAUSE (Final **Onaet and Death** has been signed by the attending physician and completely fille Dept. of Health and Mental Hygiene prior to burial, cremation, the disease or condition NEUMONIA 32 das resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING death certificate CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST shows any injury, PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 1 | YES 2 | WO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) After this certificate I death with the State OTHER OR ATTENDING PHYSICIAN: 1 YES 2 -NO No Inpatient 2 ER/Outpatient 3 DOA me 5 Residence 6 Other (Specify) 4 Nursing He 0 26s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide THE HOSPITAL OR ATTENDIN THE FUNERAL DIRECTOR: Af 6 filed within 72 hours after de .00 ETED. 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 28 determined COMPLE 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) IMPORTANT: If 2 MEDICAL EXAMINER: On this basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner sa stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 140491 DID-2-1994 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ed Ri Na 31. DATE FILED (Month, Day, Year, 32. REGISTRAR'S SIGNATURE 0 3 1994 Deniem-Rudgel



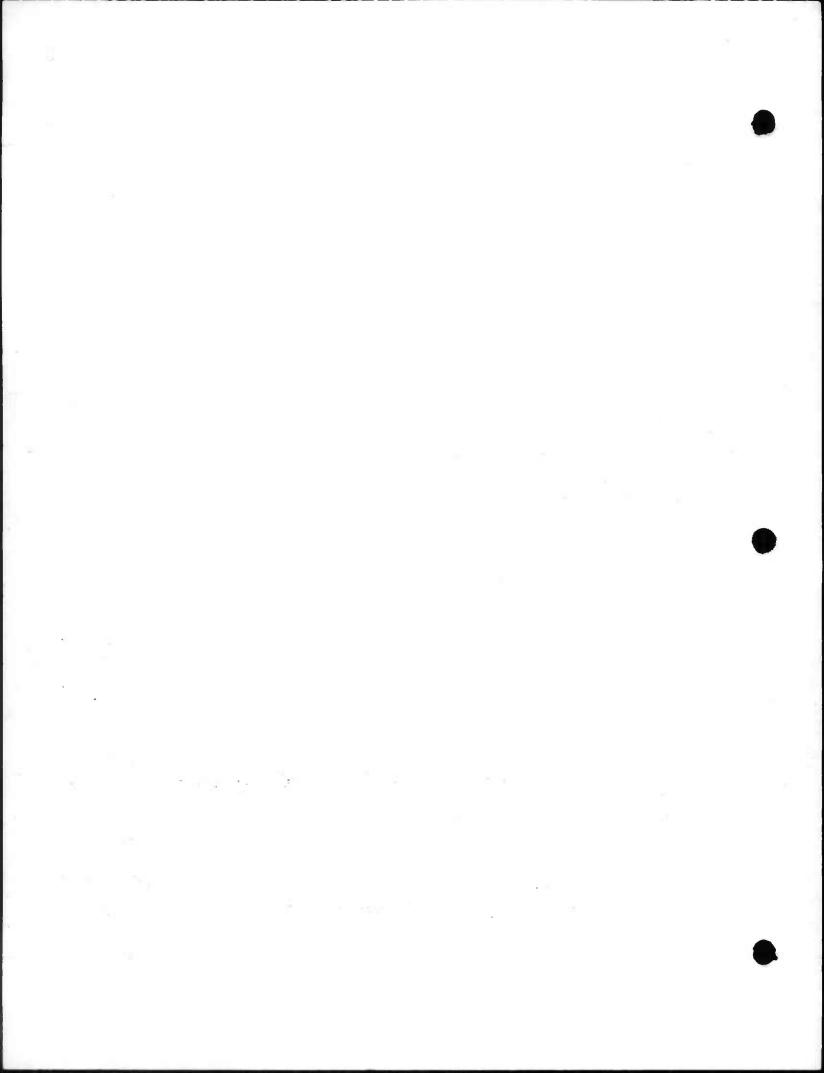
UNK 94-173

	1 - STATE REGISTRAR					F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF DEATH
	RICHARD LEONARD C	CURTICE					SEP:	г 14	199	4 YEAR	12:18 A
	4. SOCIAL SECURITY NUMBER	5. SEX 6	AGE (In yrs. last I	birthday)	IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE OF	BIRTH		6. BIRTHE	PLACE (State or Foreign
		1 🖳 M 2 🗆 F	35	YRS.	MONTHS DAY	HOURS MIN.	(Month, D	_	.	Country	1)
	9a. FACILITY NAME (If not institution, give stre			9b. CITY, TOW	N OR LOCATION OF		<u>7-58</u>		ITY OF DE	ATH.	
E	PHILADELPHIA F				ABIN				11	RFOI	
DIRECTOR	RESIDENCE OF DECEDENT				11101111	31011			IIA	I(I OI	IND
H	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY		
	i l									- 1	LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101. ZIP CODE	-		10g. CITIZ	ZEN OF W	HAT COUNTRY?
ER	Unk										
S	11. MARITAL STATUS	12. WAS DECEDENT			13. WAS D	ECENDENT OF HISP	ANIC ORIGIN?	Specify Yes	or No-	14. RACE	- American Indian,
	1 Never Merried 2 Merried	FORCES? 1 L	YES 2 NO)		specify Cuben, Mexi ES 2 NO Spec		en, etc.)		Black,	, White, etc.
ВУ	3 Widowed 4 Divorced						,			Specing	White
9	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION correlated)	16e. DECI	EDENT'S	USUAL OCCUPA	TION	16b. KI	ND OF BUS	INESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. D	NOT us	e retired.)	most or working					
API							_				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N	AME (First, Mide	die, Maiden S	Sumame)		
BE (
	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILINO	ADDRESS (Street	at and Number or Rura	l Route Number,	City or Town	, State, Zip	Code)	
5	ocme										
	20s. METHOD OF DISPOSITION	66 HDS: TWO	20b. PLACE AN	DDATE	OF DISPOSITION	Nama of	DATE	20c. LOC	ATION — C	City or Tow	vn, State
	1 Buriel 2 Cremetion 3 Remov 4 Donetion 5 Other (Specify) 1n		remetary, creme	atory or of	ther place)		1				
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE Ronal	d Wade	. Di	r 22. NAME	AND ADDRESS OF F	ACILITY St	ate	Anat	omv	Board
	1 100	///	+	,		.Baltin					
	agreen in 16	n sein	1		_			•		_	200
	23. PART I. Entar tha diseases, or co ahock, or heart failure. Li	ist only one cause	caused the deat on each line.	th. Do n	ot antar tha r	noda of dying, su	ch as cardia	or reapir	atory arre	est,	Approximata
	IMMEDIATE CAUSE (Final	,									
- 1											intarval Batween Onset and Daath
	disease or condition	HEAD	2 NE	XX	· 1N:	TURLES					
		DUE TO (O	A NE			TURIES					
N	disease or condition reauting in death)	DUE TO (O				TURIES					
TION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate			ENCE OF	7):	TURITIS					
ICATION	disease or condition reauting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (O	R AS A CONSEQU	ENCE OF	-): -):	TURIES					
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Menial Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CER	TIFIC	ATE OF	DEATH		REG. NO.			
	1. OECEOENT'S NAME (First, Middle, Last)	Clayton	H. Dool	.ey			2. DATE OF MONTH	DA		YEAR 994	3. TIME OF DEATH
		5. SEX 8. A	GE (In yrs. lest birti		UNDER t YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I			8. BIRTI- Counti	HPLACE (State or Foreign ny) abama
e B	86. FACILITY NAME (If not institution, give street 8589 Main Aven		· · · · · · · · · · · · · · · · · · ·		CITY, TOWN	OR LOCATION OF D		<u>02/13</u>	9c. COL	INTY OF D	
ธ์	RESIDENCE OF DECEDENT										
DIRECTOR	Maryland Anne Arundel				adena	TION			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🔀 NO		
ا ہے	10e. STREET AND NUMBER					. ZIP CODE			10g, CIT	IZEN OF Y	WHAT COUNTRY?
FUNERAL	8589 Main Avenue			21122					U.S.A.		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 X V IF YES, GIVE WAR O Korean C	ES 2 NO		If yes, sp	ENDENT OF HISPA ecify Cuban, Mexico 2 1 NO Special	en, Puerto Ric	(Specify Yea an, atc.)	or No—	14. RACE Black Speci	
요	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION	16a, DECEDE	ENT'S USU	AL OCCUPATION	ON st of working	16b. K	IND OF BUS	SINESS/IN	DUSTRY	White
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		(Give kind of work done during most of working life. Do NOT use retired.) Machinist							
N	17. FATHER'S NAME (First, Middle, Last)		1100		-	18. MOTHER'S NA	ME (Elex Alice	letto 8.6-let	0		
BE C		ilford H.	Dooley				rtle E				
0	19a. INFORMANT'S NAME (Type/Print)					nd Number or Rural	Route Number,	City or Tow	n, State, Zi	p Code)	
-	Audrey Dooley		858	9 Ma	in Ave	nue	Pas	saden	a, M	ary1	and 21122
	20a. METHOD OF DISPOSITION 1 Street 2 Cremation 3 Remove	rel from State	20b. PLACE AND E	CE AND DATE OF DISPOSITION (Name of DATE 20c. LOCA					OCATION — City or Town, State		
ł	4 Donation 5 Other (Specify)		Md. Sta			s Cem.	9/30	Cro	owns	ville	e, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LCE	NSES OF	lone	2	Georg	e J. Gon Ritchie	icility ice Fui	neral	Hom	e P.	Α.
ALTON	23. PART i. Enter the diseeses, or concendence, or heer failure. Li IMMEDIATE CAUSE (Fine) diseese or condition reaulting in deeth) Sequentially list conditione, If any, leeding to immediate couse. Enter UNDERLYING	DUE TO (OR A	AS A CONSEQUEN	ICE OF):	î e	de of dying, auc			and a	rest,	Approximate interval Between Onset and Death
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- 11	PART II. Other eignificent conditions	contributing to deet	th but not resul	ting in th	e underlyln	ceuse given in	Pert i. 2	4a. WAS AN		24b	. WERE AUTOPSY FINDINGS
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<u>₹</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	uoen	28. PLACE OF	-							
7		HOSPITAL: 1 inpatient 2 ER/0	Outpatient 3 🗆 D		HER: Nursing Hom	Residence	8 Other (S	Specify)			
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	3 Suicide 8 Could not be determined	28a, PLACE OF INJ building, stc. (URY — At home, 1 Specify)	arm, street	, factory, offic			ON (Street a Town, State)	and Numbe	r or Rural F	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my k									i) and manner as stated.
IO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	ment	ans			29c. LICENSE NUI	MBER S		29d. DAT	E SIGNED	(Month, Day, Year)
=	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27)	(Type, Print	Aga	Cart	RJ.	G/e	~ 5	was	2,61021061
ı	31. DATE/FILED (Month, Day, Year)	32. REGISTRAR'S S									
	OCT 0 3 1994	and Sandan	Rudell								

DHMH-16 Rev 1/89

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NG PHYSICIAN: The law re-	ingraps certificate has been sig

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		TMENT OF		MENTAL HYGIEI REG. NO			
8	1. DECEDENT'S NAME (First, Middle, Last) MARION	J DELUCK				2. DATE OF DEATH	DAY YE	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 215-32-9066 9. FACILITY NAME (if not institution, give	1 🗆 M 2 💢 F	rs. last birthday) 57 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 21,	1937	BIRTHPLACE (State or Foreign Country) Maryland	
TOR	Northwest Hospi				or Location of D		9c. COUNTY Bal	timore	
DIRECTOR	10e. STATE 10b. COUNT	timore	Owings			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	13 Wengate Road	Road			1. ZIP CODE 2 1 1 1 7	10g. CITIZEN OF WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES :	2 NO	13. WAS DE It yes, s		RACE — American Indian, Black, White, etc. Specify: White			
PLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)		Sa. DECEDENT'S I (Give kind of w life. Do NOT use	ork done during m	ON ost of working	16b. KIND OF BU	ISINESS/INDUST	The second secon	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Arthur Neisser				1	AME (First, Middle, Meidel Spencer		cap co.	
10 B	19a. INFORMANT'S NAME (Type/Print) James DeLucia				and Number or Rural	Route Number, City or Tox Lings Mills	, Md.	21117	
	20s. METHOD OF DISPOSITION 1 (B Buriel 2 Cremation 3 Removal trom State 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) Wild New Yorks (Marcy Valley Mem. Gardens 10-5-94 Cockeys ville, Mem.)								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Road Eline Funeral Home Reisterstown, Md. 211. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory arrest, Approximate								
CERTIFICATION	shock, or haart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	List only one cause on aach	OM COM CONSEQUENCE OF	ee with		metale		Approximata Interval Batwe Onset and Dat	
MEDICAL	PART II. Other significant condition	na contributing to death but	not resulting in	n the underlyin	g cause given in		RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
HYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ◯ NO	HOSPITAL:		OTHER:	LACE OF DEATH (Ch	6 Other (Specify)			
A DHA	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. IN.	JURY AT DRK? YES 2 NO	28d. OESCRIBE HOW	INJURY OCCUR	EO	
	2 Accident investigation 3 Suicide 8 Could not be determined 4 Homicide Homicide City or Town, State) 26s. PLACE OF INJURY — At home, farm, street, factory, office 26s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28t. LOCATION (Street and Number or Run							tural Route Number,	
COMPLE		ER: On the basis of examination en						use(a) and manner sa stated.	
TO BE 0	296. SIGNATURE AND TITLE OF CERTIFIE	3 OFF			D-4		29d. DATE SI	GNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WY NORTH WEST I HOS	HO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, 574)	M OLD	COURT	ROAD MD	21133		
	OCT 0 3 1994	32. REGISTRAR'S SIGNATU							

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH A		TAL HYGIENE REG. NO.				
			DiGennaı	:0		ept.30	1994 ^{EAR}	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 2 1 8 - 0 9 - 8 0 4 5 5. SEX 5. SEX 6. AGE (In yrs. lest birthday) 7 8 YRS. 6. AGE (In yrs. lest birthday) 7 8 YRS. 6. AGE (In yrs. lest birthday) 7 8 YRS. 6. AGE (In yrs. lest birthday) 7 8 YRS. 6. AGE (In yrs. lest birthday) 7 DAYS 1 DA						916 Coun	Aryland		
TOR	109 N. Marly			Essex	OF DEATH		9c. COUNTY OF Bal	timore		
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATION	Ess	ex	10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO				
FUNERAL	100. STREET AND NUMBER	vn Ave.		101. ZIP CODE	1	10g. CITIZEN OF WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS OECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 XNO	13. WAS OECENDENT OF If yes, specify Cuben, 1 YES 2 NO	IIGIN? (Specify Yea or into Rican, etc.)					
ETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during most of working		16b. KIND OF BUSI	INESS/INDUSTRY			
COMPLETED	1 2 th 17. FATHER'S NAME (First, Middle, Last) ==		Wait	18. MOTHE		rst, Middle, Maiden S Bailey	Sumame)			
TO BE	19a. INFORMANT'S NAME (Type/Print) Ulysses DiG	ennaro		RESS (Street and Number of	r Rural Route I			. 21221		
	20s. METHOD OF DISPOSITION TO Burlei 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Cemetery, cramatory or other place) Oak Lawn Cemetery 10/3/94 Baltimore Md.									
	R. Tury	Conulle	1	22. NAME AND ADDRESS Connelly 300 Mag	Fune	eral Hor	imore 1	ssex Md. 21221		
	23. PART I. Enter the disease chock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	List only Dna cause on ae	ch line.	The Mode of dying				Approximete Interval Between Onset and Death		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):									
A	PART II. Other eignificant condition	e contributing to death bu	t not resulting in th	e underlying cause giv	ven in Part i	1 YES 2	MED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
AN: A	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUSE OF D	28. PLACE OF DEA	NO [Av one)				
PHYSICIAN: MEDIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Outpet 28a. DATE OF INJURY	tient 3 DOA 4 D	HER: Nursing Home 5 - Real	denca 8 🗆 (JURY OCCURED			
B	1 Naturel 5 Pending 2 Accident Investigation 3 Suicide 8 Could not ba	(Month, Day, Year) 28s. PLACE OF INJURY - building, stc. (Specif	At home, farm, street	WORK? 1 YES 2 1	281.	LOCATION (Street an City or Town, State)	nd Number or Rural	Route Number,		
COMPLETED		CIAN: To the best of my knowle			nd due to the	cause(s) and mann				
BE CO	2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	R: On the basis of axamination	and/or Investigation, in	29c. LICEN	SE NUMBER			(s) and menner as stated. D (Month, Day, Year)		
입	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print) 10		1/30	1.17		
	OCT 0 3 1994	32. REGISTRAR'S SIGNA								

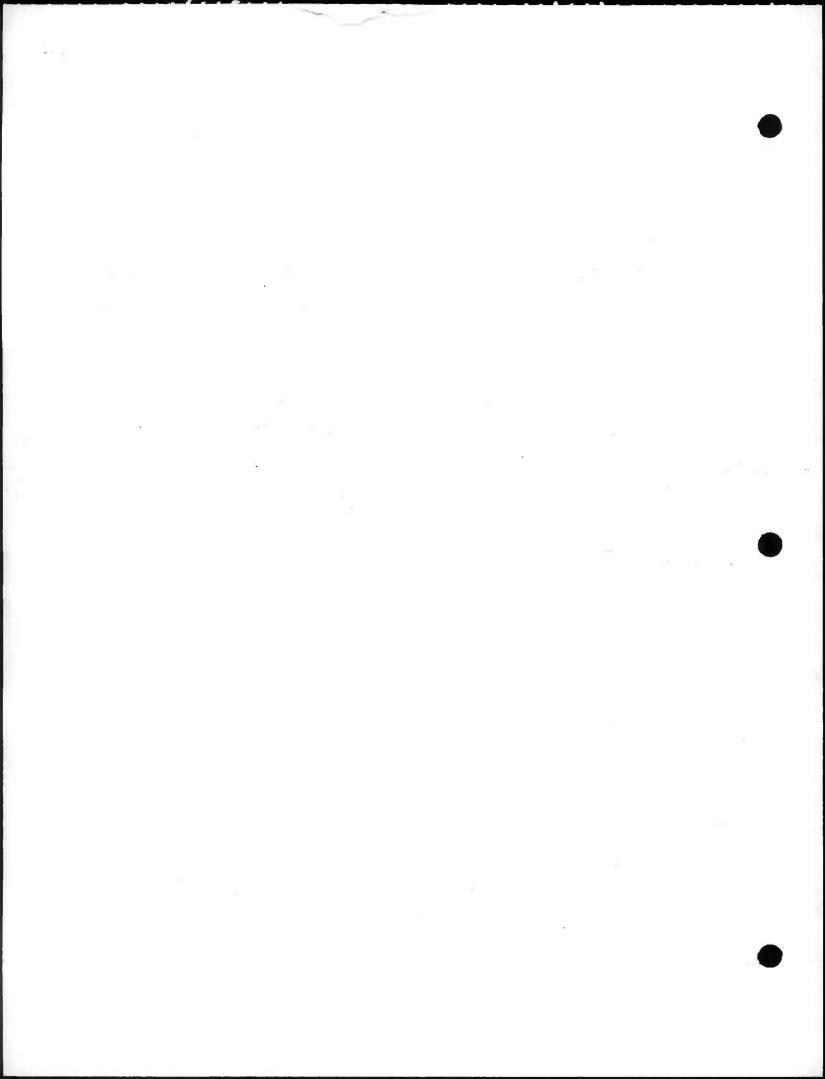
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The rest of the contract of th
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF GEATH 3. TIME OF DEATH 54 October Thelma Elsie Evans 7. DATE OF BIRTH (Month, Day, Year) NOV. 11, 191 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS DAYS 1 🗌 M 2 🙀 F MIN. Marvland 76 YRS. 212-09-9197 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3843 Monterey Baltimore, City 10a. STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore, City 1 X YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 3843 Monterey 21218 U.S.A. Road Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 √ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puerto Rican, etc.)

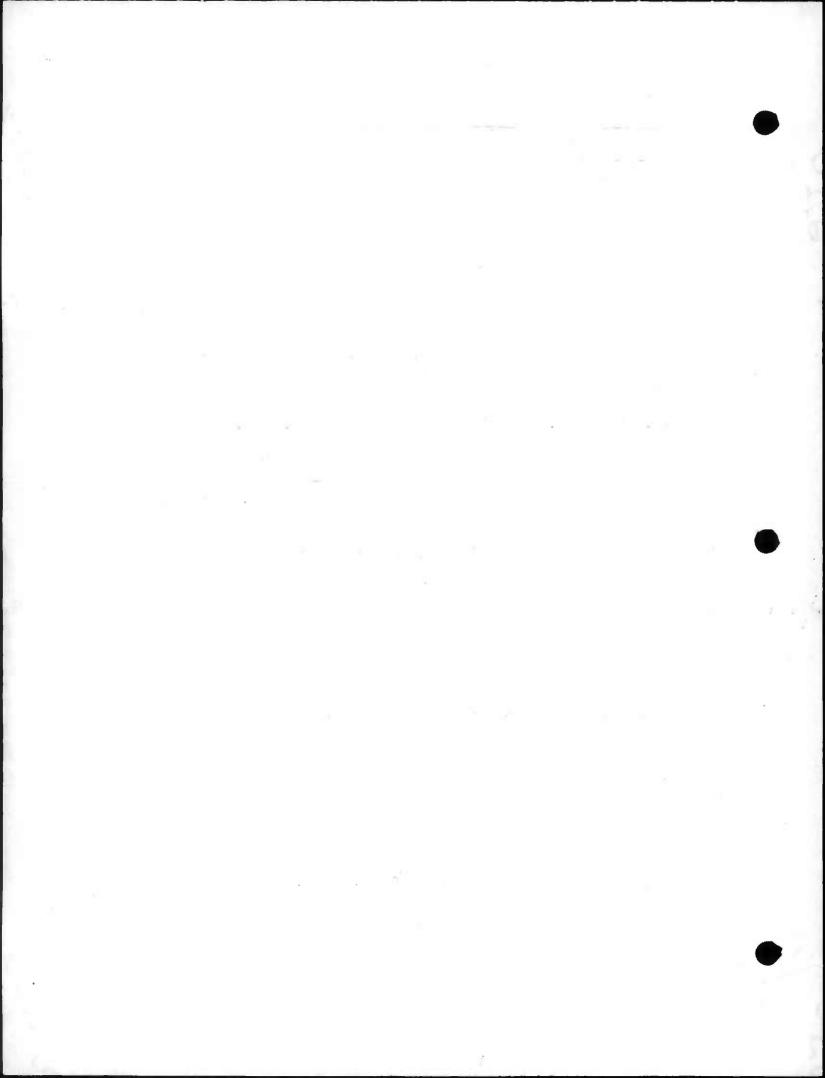
1 YES 2 XNO Specify: 1 Never Married 2 Married SpecifyWhite 3 Wildowed 4 Divorced use as the 9 15. OECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) funeral director, page 5 should be detached for College (1-4 or 5+) COMPL Home Maker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Frederick H. Schmeiser Elsie A. Herget 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Jean F **Fvans** 2841 Chesterfield Ave. 21213 pe 20a_METHOO OF OISPOSITION
1 OBurlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE | 20c. LOCATION - City or Town, State must Parkwood Cemetery 10/4/94 Balto. event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Kneld Leonard J. Ruck Inc. 5305 Harford Rd. 21214 ysician and completely filled in by the prior to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fallure. List only one cause on each line interval Between IMMEDIATE CAUSE (Final Onset and Death 54 disease or condition netartation. reaulting in death) 24000 DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF). if sny, lesding to immediate the attending physician Mental Hygiene prior to cause, Entar UNDERLYING CAUSE (Disesae Dr injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS n signed by the f Health and M PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? shows any 1 YES 2 NO 1 TYES 2 NO t of t DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO SUNCERTAIN PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate the State HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked, Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 60 ED fter of 82 29s. CERTIFIER
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 본 분基 BE DE THE 120396 Waris M. 10/3/94 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (MONTH OF 1994) M D 5601 1 5601 Loch Raven Blvd. 21239 Hahn





		1 - FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		MENTAL	HYGIEN REG. NO.	E		
		1. DECEDENT'S NAME (First, Middle, Last)	JOHN P	HILLIP	ENTWIS	TLE, SR	2. DATE MONTH	OF DEATH D	99	3. 1	ME OF DEATH
Pi		4. SOCIAL SECURITY NUMBER 213=32→2699	1 0 M 2 □ F 5	n yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	/Month	DE BIRTN Day, Year)	351	country) Wryl	
, 2, 3 should	TOR	90. FACILITY NAME (If not institution, give str North Anu RESIDENCE OF DECEDENT	wdel L	losp	96. CITY, TOWN O	Bu	PN.	ie	9c. COUNTY	OF DEATH	A.
permit. Pages	DIRECTOR	10a. STATE 10b. COUNTY Maryland	Anne Arundel	10c. Cl	TY, TOWN OR LOCAT		isade	na		1000	INSIDE CITY LIMITS? YES 2 NO
Sit	FUNERAL	8100 Oakberry Cou					122				country? tates
21215-0020 or attending physician. or use as the burial-transit	B	11. MARITAL STATUS 1 Never Merried 2 🔀 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp	ecity Cuben, Mexica 2 X NO Specify	π, Puerto R		or No 14.	RACE — A Black, Wh Specify:	American Indian, lite, etc. White
tal or attend for use as	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5 +)	(Give kind of life, Do NOT u	S USUAL OCCUPATION work done during mouse retired.)	est of working	16b.		SINESS/INDUS		
AND the hospit detached once.	MP	10th Grado 17. FATNER'S NAME (First, Middle, Last)		Truc	ck Driver	18. MOTNER'S NA	ME /First A		Cina Fi	reigh	<u>t</u>
# & &		James Alfred Enti	vistle.						re Hero	not	
MAK retained 5 should	O BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street a						
	۴	Mrs. Kathleen M.	Entwistle	8100	Oakber	y Ct. A	pt.	908 1	Pasader	ra, M	D 21122
Page 6 may be I director, page		20a. METNOD OF DISPOSITION 1	tombment come	PLACE AND DATE atery, crematory or PALLIZMOO	or disposition (Ne other place) I Mausol	eum 10/			cation — city arkvil		Maryland
sAL I r death. le funera al. examil		Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk. Maryland 21222									
filled in by on, or remo		23. PART I. Enter the diseases, pr creations about, pr heart failure. L. IMMEDIATE CAUSE (Final disease pr condition resulting in death)	let Dnly one ceuse Dn ea	ich lina.	not enter the mo	da of dying, auc	h an card	lac or respi	ratory arrest	,	Approximate Interval Between Onset and Death
OA 06/00, be be executed with sician and completely rior to burial, cremati traumatic event, t	NOI	disease or condition resulting in death) e. House Cardiac Arrhy thm 14 Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of):									
certificate ding physysiene p	RTIFICATION	cause. Enter UNDERCYING CAUSE (Disease or Injury that Initisted events resulting in death) LAST									
- E B -	CEI	-	•							1	
that the ed by the and It	EDICAL	PART II. Other significant conditions	contributing to daeth bu	it not reaulting	In the underlying	g cause givan in	Part I.	24a. WAS AN PERFOR	IMED?	COR	RE AUTOPSY FINDINGS ILABLE PRIOR TO APLETION OF CAUSE DEATH?
- P - P - P - P - P - P - P - P - P - P	Σ	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF	DEATH Y	ES NO				1	YES 2 NO
N: The law icate has be State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only on	9)			
	YSI	1 VES 2 NO	1 Inpatient 2 ER/Outpe	ntient 3 🗆 DOA		e 5 🗆 Rasidence	6 🗆 Other	(Specify)			
Te this F	Y PHY	27. MANNER OF DEATN 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY WO	URY AT ORK? YES 2 NO	28d. DEŞ	CRIBE NOW I	NJURY OCCUR	ED	
TTENDI CTOR: A after da	TED BY	2 Accident Invasigation 3 Suicide 6 Could not be datermined	28e. PLACE OF INJURY building, atc. (Special	— At home, term,	street, factory, offic	•	28f. LOCA City o	ATION (Street or Town, State)	and Number or i	Rural Route	Number,
크 그 ~ -	COMPLET	000	CIAN: To the best of my knowled: On the besis of examination							suse(e) end	manner as stated.
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If	TO BE C	AGNATURE AND TITLE OF CERTIFICA	moto	De	puty	29c. LICENSE NUM	MBER OS	-4	29d. DATE SI	GNED (Mor	ith, Day Year)
		30. NAME AND ADDRESS OF PERSON WHO	TONCS ,	MO (ITEM 27) (Typ	6, Print) 69	5 Am	ner	ICA	. 6	210	35
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE O DO							

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BALLIMORE, N	TO THE MOSPITAL OR ATTENDING PHYSICIAN. The law requires that the obtain certificate be executed writin 25-3-Virs after death. Page 6 may be n	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	
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DIVISION OF VITAL RECORDS, P.O. BOX 86760,	secuted	and cor	he filed within 72 hours after death with the State Deat of Health and Mental Hopiere prior to burial, cremation, or removal
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	1 - STATE REGISTRAR		STATE OF N	MARYLAN	D / DEPAR CERTIF						YGIENI EG. NO.	E		
	1. DECEDENT'S NAME (First	On 5	Fewer O	roberi	ch					2. DATE OF HONTON	30	19	YEAR 9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-60-4419		5. SEX V	6. AGE (In yr	rs. lest birthdey)	IF UNDER	1 YEAR DAYS	HOURS	MIN.	JUNE 2	N. WARY	953	Countr	PLACE (State or Foreign y) YLAND
R	100MB 221 1733						9c. COU	NTY OF D						
ECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							ь	WILL	10d. INSIDE CITY				
DIRI	MARYLAND BALTIMORE BALDWIN								LIMITS?					
ERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COINTS 13333 LONG GREEN PIKE 21013													
BY FUNI	11. MARITAL STATUS 1 XNever Married 2 3 Widowed 4 Dive	Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	₩ NO		f yes, spe	ENDENT (OF NISPANIO In, Maxican,	C ORIGIN? (S Puerto Rica		or No	14. RACE	
ETED	15. DEC (Specify onl Elementary/Secondary (i	CEDENT'S EDUC ly highest grade 0-12)	CATION completed) College (1-4 or 5 s		O. DECEDENT'S (Give kind at a life. Do NOT us	vork done o			ng	16b. KIN	ID OF BUS			WHITE
COMPL	17. FATHER'S NAME (First, M				SUE	VEYO	R	18 MOY	MED'C NAM	E (First, Middl	h 8.8-2-4 1		TRUC	TION
6 111	RAYMOND EARL	FREDE	ERICK, SR	•				I	OIS	A1	NN			LZER
TO BE	194. INFORMANT'S NAME (I		RICK, JR		19b. MAJLING							2101		
	29s. METNOD OF DISPOSIT 1 Buriel 2 Cremetic 4 Donation 5 Other	TON on 3 🗆 Rem		20b. PLA	ACE AND DATE O	OF DISPOS	ITION (Ne	ne of		DATE	20c. LOC	ATION —	City or To	
	DULANEY VALLEY CEM. 10/3/94 TIMONIUM. MD. 21. SIGNATURE OF FUHERAL SEPACE LICENSEE JOHN E. DOLAN 22. NAME AND ADDRESS OF FACILITY RUCK TOWSON FUNERAL HOME INC.													
ERTIFICATION	23 PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only Dna cause on each line. Approximate interval Betwee Onset and Death Due to (or as a consequence or): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST Due to (or as a consequence or):													
MEDICAL	PART II. Other significa	Tahear	a contributing to	death but n	not resulting I	n the un	derlying	cause	given in P		YES 2	WED?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE DEFERRED TO EXAMINER? 1 (ID YES 2 \(\text{\ti}\text{\texi{\text{\texit{\text{\texi{\texi{\texi{\texi\texi{\texi{\texi{\texi\texi{\texi{\texi{\texi}\texi{\texit{\texi{\texi{\texi{\texi{\texi{\texi{\texi	O MEDICAL	HOSPITAL:	ER/Outpetler	nt 3 🗆 DOA	OTHER	t:		EATH (Chec	k only one)	ecify) GA	Ze A	Ota	
B	2 Accident	Pending Investigation	28a. DATE OF (Month, D.	ny, Year) F INJURY A		E OF URY M	28c. INJU WOI 1 Y	IRY AT RK? ES 2	NO E	28d. DESCRI	BE HOW IN			Number
MPLETED	28. PLACE OF INJURY — At home, farm, street, lectory, office building, etc. (Specify) 28. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)													
BECO	THE DIGNATURE AND TITLE			Medical and	d/or Investigatio	n, in my o	pinion, de		ENSE NUMB		place, and	29d, DATE	-	and menner as stated. (Month, Day, Year)
	STONEY D	Tel To	COMPLETED CAUS	SE OF DEATH	(ITEM 21) (Type,	Print)	V	22	8) -			-	1	71117
	OCT 03	1994		R'S SIGNATUR										
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O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	his (e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematio	MPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified

	1 - STATE STATE OF MARYLAND / DEPARTM CERTIFIC			NTAL HYGIENE REG. NO.		
Ì	1. DECEDENT'S NAME (First, Middle, Last)			DATE OF DEATH	YEAR	3. TIME OF DEATH
ij	1. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) IF			9 28	94	1302 M
8	at the (in the last of the last)	ONTHS DAYS	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Morth, Day, War)	Countr	IPLACE (State or Foreign y) CMAINY
	9e. FACILITY NAME (If not institution, give street and number)	. CITY, TOWN	OR LOCATION OF DEATH	1 20	OUNTY OF D	THE RESERVE TO THE RE
FUNERAL DIRECTOR	1/33 LEONARD DY (ORN	Bur	Nie	HK	†
F	10e. STATE 10b. COUNTY 10c. CITY, To	OWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
5		n Burn				1 TES 2 NO
Y A	100. STREET AND NUMBER 1133 Leonard Drive	10	t. ZIP CODE	10g. C		VHAT COUNTRY?
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED			ORIGIN? (Specify Yee or No-	U.S. A	- American Indian.
2	1 Never Merried 2 Merried FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES		ecify Cuben, Maxicen, Po 2 X NO Specify:	uerto Ricen, etc.)	Speci	
2	15. DECEDENT'S EDUCATION 168. DECEDENT'S US	UAL OCCUPATI	ON	16b. KIND OF BUSINESS/	INDUSTRY	White
COMPLEI	(Specify only highest grade completed) (Give kind of work Elementary/Secondary (0-12) College (1-4 or 5 +) (Give kind of work life. Do NOT use re	etired.)				
M 1	Free La	nce Wr				
	17. FATHER'S NAME (First, Middle, Lost) Robert Ghrist Sr.		18. MOTHER'S NAME (rFirst, Middle, Maiden Surname ne Steine:		
200		DRESS (Street		Number, City or Town, State,		
-	Jeanne Ghrist 6004 Ac			Brandywine,		
	20e. METHOD OF DISPOSITION 20b. PLACEAND DATE OF DISPOSITION	place)		DATE 20c. LOCATION		1000
	4 Donation 5 Other (Specify) Metro Crema 21. SIGNATURE OF FUNERAL SERVICE JUSTINSSE	22. NAME A	ND ADDRESS OF FACILITY	TY		Maryland
	· C. Fillare Sonce	Georg	e J. Gonce	Funeral Ho	me P.A	A.
	23. PART I. Enter the diseases, or complicatione that caused the death. Do not shock, or heart failure. List only one cause on each line.	enter the mo	ede of dying, such es	y. Baltimo	errest,	Approximate
	IMMEDIATE CAUSE (Finel		,	16.1		Onset and Death
	resulting in death) a. DUE TO (OR AS & CONSEQUENCE OF):	NOU	upd	PAd	p	
2	6 b.					<u> </u>
CALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING					
	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):					
באווג	resulting in death) LAST					
١	PART II. Other significant conditions contributing to deeth but not resulting in t	he underlyin	g ceuse given in Par		SY 24b.	WERE AUTOPSY FINDINGS
				1 TES 2 NO		COMPLETION DF CAUSE OF DEATH?
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF D	EATH V	EC CO NO C	_ / _		1 TYES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL		LACE OF DEATH (Check of	only one)		
200	1 Inpatient 2 ER/Outpatient 3 DOA 4	THER:	ne 5 Posidence 6 🗆	Other (Specify)		
3	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 1 Natural 5 Pending	Y WC	DRK?	d. DESCRIBE HOW INJURY	CONTRACT	1
	2 Accident Investigation 3 Suicide 6 Could not be 26e. PLACE OF/INJURY — At home, term, street buildings etc. (Shooth)		YES 2 NO 281	L. LOCATION (Street and Num	ber or Rufal F	Poute Number,
	Homicide Could not be building, etc. (Specify)			Olen Bui	rure	4. 1
	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred a	t the time, date	end place, and due to t	he cause(a) end manner ee :	stated.	7
5	2/ MEDICAL EXAMINER: On the bacle of examination end/or investigation, in	n my opinion, o	leath occured at the time	, date end place, end due to	the ceuse(e) end menner es stated.
4	200. SIGNATURE AND TITLE OF CERTIFIER	nut.	29c. LICENSE NUMBER	6054 D	ATE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri	ne) V			1/2	0 6 0 7
	William & Jones, m	0	695	Mer	CA	21035
1	OCT 0 3 1994 Julio Series Control					

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BALLIMORE, MARYLAND 21215-00	ours after death. Page 6 may be retained by the hospital or attending pl
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DIVISION OF VITAL RECORDS, P.O. BOX 68

O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	hal, cremation, or removal.	e event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be ex	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARY	YLAND / DEPAR CERTIFI	TMENT OF H		MENTAL HYGII		
1. DECEDENT'S NAME (First, Midde SIMEON,	GOINS				2. DATE OF DEATH	DAY Y	7EAR 850 P M
4. SOCIAL SECURITY NUMBER 218-12-722	9 1 XM 2 🗆 F	GE (In yrs. lest birthday) YRS.	#F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year, 5 8 8	23	BIRTNPLACE (State or Foreign Country) Tennessee
BALTIMORE	V.A. MEDICAL	CENTER	BALTIMO		EATH		YOF DEATH TMORE
Maryland H	Erederick	100	New Mark	et			10d. INSIDE CITY LIMITS? 1 YES 2 NO
113 W. Main St	rest		107.	21774			N OF WHAT COUNTRY?
100. STREET AND NUMBER 113 W. Main St 11. MARITAL STATUS 1 Never Merried 2 1 Merri 3 Widowed 4 Divorced	12. WAS DECEDENT EVE	ES 2 XNO	If yee, spe	NDENT OF HISPA	NIC ORIGIN? (Specify an, Puerto Rican, etc.) //y:	Yes or No- 14	Specify: White
15. DECEDEN	IT'S EDUCATION est grade completed) Cotlege (1-4 or 5+)	16a. DECEDENT'S (Give kind of w	USUAL OCCUPATION OF A CONTROL OCCUPATION OF A CONTROL OCCUPATION OF A CONTROL OCCUPATION	N t of working	16b. KIND OF	BUSINESS/INDUS	
6th Grade		Mainter	nance		U.S. F	Park Ser	vice
17. FATNER'S NAME (First, Middle,	Lest)			16. MOTNER'S NA	AME (First, Middle, Maid	den Surname)	
Lambert Goins					Brewer		
Mr. John Goins					Route Number, City or		(de)
		20b. PLACE AND DATE O	Box 018			21705 LOCATION — CR	v or Town Chat
20s METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec	Removal from State	cemetery, crematory or other Coins Ceme	ther piece)		0/2/94 Sr		
21. SIGNATURE OF FUNERAL SER	RVICE LICENSEE	oozno oome	22. NAME AN	ADDRESS OF F	CILITY		
> John 1	L Aymend	_			n Funeral Liberty F		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF	7): 7):				Onset and Daati
PART II. Other algolificant co	onditions contributing to deat	h but not resulting i	n the undarlying	cause given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO ME	DICAL		26. PL	CE OF DEATH (C	heck only one)	-	
EXAMINER?	HOSPITAL:	Putpatient 3 DOA	OTHER:	5 Residence	6 Other (Specify)		
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pend 2 Accident trives	26a. DATE OF INJUF (Month, Day, Yea	RY 26b, TIME	E OF 28c, INJI	IRY AT	28d. DEŞCRIBE NO	W INJURY OCCUI	RED
	28e, PLACE OF INJU	JRY — At home, farm, s Specify)	street, factory, office		28t. LOCATION (Stre City or Town, St		Rural Route Number,
anai —	IG PNYSICIAN: To the best of my kn EXAMINER: On the bests of examina						
AUM)	Untage			Reside		29d. DATE S	IGNEO (Month, Day, Year)
30. NAME AND ADDRESS OF PER		CENTER	Print)			1	
31. DATE FIRE (MOTH, 30)199	4 July Davidies	CANAL.					

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CE	:KIIFI	CALE	F DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	NY YEA	3. TIME OF DEATH
	Virginia	Garrity					9 2		
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign
	204-05-4194	1 🗌 M 2 💢 F	73	YRS.	MONTHS DAY	HOURS MIN.	(Month, Day, Year) 3/15/21	C	ennsylvania
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOW	N OR LOCATION OF D		9c. COUNTY C	
œ	5246 Evenstar					umbia	EATT.		ward
DIRECTOR	RESIDENCE OF DECEDENT					and the			, war a
Ĕ	10a. STATE 10b. COUNTY	1		10c. CITY	TOWN OR LO	CATION			10d. INSIDE CITY
5	Pennsylvania De	laware		Z	Aston				LIMITS?
4	10e. STREET AND NUMBER					101. ZIP CODE		10a, CITIZEN (OF WHAT COUNTRY?
FUNERAL	135 Edward Lan	9				19014			
Z I	11. MARITAL STATUS	12. WAS DECEDENT	EVED IN II S ADS	4ED	12 946 5		NIC ORIGIN? (Specify Yas	No. 44.5	USA
	1 Never Married 2 Married	FORCES? 1	YES 2XX	0	If yes,	specify Cuban, Maxica	in, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, atc.
B⊀	3 Widowed 4 Divorced	IF YES, GIVE WAR	R OR DATES		1 🗆 Y	ES 2 NO Specif	y:		Specify:
	15. DECEDENT'S EDUC	CATION	18a DEC	POENT'S I	USUAL OCCUPA	TION	16b, KIND OF BUS		nite
	(Specify only highest grade	completed)	(Gh	e kind of w Do NOT use	ork done durina	most of working	166. KIND OF BUS	INESS/INDUSTR	11
٦	Elementary/Secondary (0-12) 12th	College (1-4 or 5 +)		Homen			Demos		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			. reamen	ianei		Domes		· · · · · · · · · · · · · · · · · · ·
		Phondon					ME (First, Middle, Maiden		
BE	William J.	KIIOddeS					na McDevit		
2	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or Tow		
	Thomas J. Garri	-		135 E	dward	Lane Ast	on, Pennsy		19014
	20a. METHOD OF DISPOSITION A Burlai 2 Cremation 3 Rame	ovel from State	20b. PLACE A	ND DATE O	FDISPOSITION	Name of	DATE 20c. LO	CATION - City of	or Town, Stata
	4 Donation 5 Other (Specify)	5747 HOIII 51212	St. Pe	ëter	"And Pa	ul Cemete	ry10/3 Ma	rple To	ownship PA.
- 9	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	-1	i i		AND ADDRESS OF FA			
- 4	16 12 mil	11.h	1.1.		Dav	id J. Web	er Funeral	Homes	M2 01001
	OR DADY I Franchis	10,00	in						Md. 21231
	23. PART I. Enter the diseeses, or cahock, or haert failure	Liet only ona ceuse	aused tha dei a Do each lina.	ith. Do n	ot anter tha i	noda of dying, suc	n as cardiac or raspi	ratory arreat,	Approximate interval Between
	IMMEDIATE CAUSE (Finel	0							Onset and Death
- 1	diseese or condition resulting in death)	rancu	esti (Or.	cinous	2		
		DUE TO (O	R AS A CONSEO	UENCE OF):				
z		h.							
은	Sequentially list conditions, if any, laading to immediate	DUE TO (O	R AS A CONSEO	UENCE OF):				
8	cause. Enter UNDERLYING	c.							
里	CAUSE (Disease or Injury that initiated evants	DUE TO (O	R AS A CONSEO	UENCE OF):				
CERTIFICATION	reaulting in death) LAST	d							
2	DART II Other steelds and account	d annual of the							
EDICAL	PART ii. Other significant condition	a contributing to d	eath but not re	sulting in	n tha undariy	ing cause givan in	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8							1 🗆 YES 2	NO	COMPLETION OF CAUSE DF DEATH?
WE									1 YES 2 KNO
	DID TOBACCO USE (CONTRIBUTE	TO CAUS	E OF	DEATH	YES I NO			
M	25. WAS CASE REFERRED TO MEDICAL					PLACE OF DEATH (Ch			
Sic	EXAMINER? 1 Tes 2 No	HOSPITAL:	R/Outnatient 2		OTHER:				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF IN	-	28b, TIME		ome 5 Rasidence	28d. DESCRIBE HOW I	N'HIBA Occides	D
	1 Natural 5 Pending	(Month, Day,		INJU	JRY	WORK?	Lou. Degunide now I	SONT GOODNE	~
ВҰ	2 Accident Investigation	200 01 400 07	DI BURN			YES 2 NO			
ED	3 Suicida S Could not be	28a. PLACE OF I	INJURY — At hor c. (Specify)	ne, farm, st	treet, factory, or	fica	28f. LOCATION (Street & City or Town, State)	and Number or Ru	iral Route Number,
E	- Committee designating								
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of m	y knowledga, dea	ith occurre	d at the time, d	nte and place, and dve	to the cause(s) and mar	iner as stated.	
MC	one!								rse(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIES								
BE	(010	11.0	·)			39c. LICENSE NU	MDEH	29d. DATE SIG	NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED OFFICE	つ.ソ/	1 am (~	01.0		, ,		1117
	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)		QULUM.	BIAF	2021044
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the within the state feath. Page 6 may be retained by the hospital or attending physician.

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- STATE REGISTRAR	STATE OF MARY	CERTIFI	CALE OF	DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Midd	ZIMMERMAN GAR	PDETT ID			2. DATE	OF DEATH	YE	3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER					9	27		V V J 4 4 4
- A series and series	1 M 2 F		IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	(Monti	OF BIRTH h, Day, Year)	C	HRTHPLACE (State or Foreign country)
215-18-9480 Sa. FACILITY NAME (If not institution		73	AL OUTH TOWN	OR LOCATION OF C	9-20	0-21		laryland
							9c. COUNTY	
ST. AGNES HOS	PITAL		BALTI	MORE CIT	Y		Balti	more City
	COUNTY	10c. CITY	, TOWN OR LOCA	TION				10d. INSIDE CITY
	altimore Co.	Ba	ltimore					1 TYES 2 NO
10e. STREET AND NUMBER			10	f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
5604 CARVILLE				21227		Mar.	USA	
1 Never Married 2 Marri	12. WAS DECEDENT EVER	S 2 NO	If yes, sp	CENOENT OF HISPA ecify Cuban, Mexic	en, Puerto I	i? (Specify Yea o Rican, stc.)	or No- 14.	RACE — American Indian, Black, White, stc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	WW2	1 TYES	2 NO Spec	tty:			Specify: WHITE
15. OECEDEN	T'S EOUCATION est grade completed)	16a. OECEDENT'S	USUAL OCCUPATION	ON	16b	. KINO OF BUSH	NESS/INDUSTI	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	st or working				
12 years		Salesma	n		A	rt Lit	ho	
17. FATHER'S NAME (First, Middle,	,			18. MOTHER'S N			urname)	
Robert Z. Ga				Thelm				
19a. INFORMANT'S NAME (Type/Pr		and the second second		and Number or Rura				
Mrs. Shirley				Ave. B				227
12 Buriel 2 Cremation 3 4 Donation 5 Other (Spec	☐ Removal from State	ometery, cremetery or off Oulaney Va	F DISPOSITION (Ne	eme of	OAT	20c. LOCA	ATION — City	or Town, State
21. SIGNATURE OF FUNERAL SER	VICE LICENSEE	Julaney va	Tiey Mei	n. Garde	ns IU-	-I Coc	keysvi	lle, MD
			22 NAME AL	ND ADDRESS OF E	ACII ITV			
71		12	Lorin	d Byers	Fune			
23. PART Enter the disease	L Aymol	sed the death. Do no	Lorin 8728	g Byers Liberty	Funer Rd.	Randa1	1stown	, MD 21133
23. PART Enter the disease		sed the death. Do no each line.	Lorin 8728 ot anter tha mo	g Byers Liberty da of dying, su	Fune: Rd. ch as care	Randal	1stown	
23. PART Enter the disease shock, or heart iMMEDIATE CAUSE (Finel disease or condition	L Aymol	sed the death. Do no	Lorin 8728 ot anter tha mo	g Byers Liberty da of dying, su	Fune: Rd. ch as care	Randal	1stown	Approximate interval Betw
23. PART Enter the disease shock, or heart iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	L Arymol es, pr complications that cause ellure. List only one cause on a. Due TO (OR A)	Manual Inc. Manual Inc. Manual Inc. Aconsebuence of	Lorin 8728 of anter the mo	g Byers Liberty da of dying, su	Fune: Rd. ch as care	Randal	1stown	Approximate interval Betw
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BETTER THE JULy Stadio Kales

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR 1 . STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	ERTIFI	CATE C	OF DEATH	REG. NO									
	1. DECEDENT'S NAME (First, Middle, Last	Gertrud	e Loui	se H	arbin			AY 9 10	YEAR	3. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER	T	6. AGE (in yrs. las		IF UNDER 1 YEA	AF IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRTH	PLACE (State or Foreign						
	217 22 5142	1 🗌 M 2 💢 F	78	YRS.	MONTHS DAY	S HOURS MIN.	(Month, Day, Year) 11/19/19	15	Countr	vland						
	9a. FACILITY NAME (If not institution, give	street and number)		-	9b. CITY, TOV	VN OR LOCATION OF DI			NTY OF D							
2	6 First Avenu	le West			Glen	Burnie	Anr	Anne Arundel								
ಕ	RESIDENCE OF DECEDENT							1								
DIRECTOR	10a. STATE 10b. COUN				TOWN OR LO					10d. INSIDE CITY LIMITS?						
▫▮	4	ne Arunde	1	G1	en Bur	mie		1 TYES								
FUNERAL	10e. STREET AND NUMBER					10f. ZIP CODE		10g. CIT	ZEN OF V	VHAT COUNTRY?						
	6 First Avenue					21061		Ţ	J.S.A	۸.						
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED 10		DECENDENT OF HISPAI , specify Cuban, Maxica	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	s or No —	14. RACE Black	— American Indian, c, White, atc.						
a	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 🗆	YES 2 NO Specif	y:		Speci							
	15. DECEDENT'S EC	UCATION	16e, DE	CEDENT'S	JSUAL OCCUP	ATION	16b. KIND OF BU	SINESS/INC	VATSIII	White						
ETED	(Specify only highest grade Elementary/Secondary (0-12)	le completed) College (1-4 or 5+)		ork done during	most of working		OIIVEGOTIIVE									
립	12th Grade	3011090 (1-4 01 3 7)				Dept. o	F Rec	reat	ion - City							
COMPL	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, Maiden		1000	ion crey						
Robert Milroy Muth Naomi Foreman																
m 2	19a, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Number, City or Tow	n, State, Zip	Code)							
۲	John Harbin		6	Firs	t Aver	nue West	Glen Burn	ie, N	(ary	land 21061						
	20a. METHOD OF DISPOSITION 1 Burlel 2 □ Cremation 3 □ Ra	movel from State	20b. PLACE	AND DATE O	FDISPOSITION	I/Name of	DATE 20c. LO	CATION —	City or To	wn, State						
	4 🗆 Donation 5 🗆 Other (Specify)		Lakev	riew l	<u>Memori</u>	al Park	10/3 Ba.	ltimo	re,	Maryland						
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY																
George J. Gonce Funeral Home P.A.																
22 Blott I Enter the diseased or enmilledises that your date of the distance o								Approximete								
	IMMEDIATE CAUSE (Final	. List Dnly Dne caue	e on aech line).						Interval Batwean Onset and Death						
	disease Dr condition	Cardia	Law	est						e ratare						
		DUE TO (OR AS A CONSE	OUENCE OF Refastains Nech						16						
Z	Sequentially list conditions,	Lance	OR AS A GONSEG	1	mes 1	nefo	stains /	120	-	54/10						
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	13 a 14	OH AS A QUINSEC	JUENICE OF					ison							
	CAUSE (Diseesa or Injury that Initiated events	c. DUE TO (OR AS A CONSEC	DUENCE OF)				free							
	resulting in death) LAST	1														
		0.		resulting in the underlying cause given in Part i. 24a. WAS												
SAL	PART II. Other eignificant condition	ons contributing to	deeth but npt r	esuiting in	the underl	ying cause given in	Part i. 24a. WAS AN PERFOI		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO						
5							1 TES 2	□ NO		COMPLETION OF CAUSE DF DEATH?						
ž										1 TYES 2 NO						
2	DID TOBACCO USE CON	TRIBUTE TO CAL					N 🗆 📗									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 20. PLACE DF DEATH (Check only one) HOSPITAL: OTHER:																
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DESCRIPTION OF DEATH OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO OTHER: 1 Inpetient 2 ER/Outpetlant 3 DOA 4 Nursing Homa 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day, Year) (Month,																
	1 Natural 5 Pending	(Month, Day		INJU	RY	WORK?	28d. DESCRIBE HOW I	NJURY OC	CURED							
0	2 Accident Investigation 3 Suicide & Could not be	28a. PLACE OF	INJURY — At ho	me, ferm, st			28f. LOCATION (Street	and Number	or Rucel S	loute Mumber						
9	4 Homicide 8 Could not be datermined	building, a	tc. (Specify)		,		City or Town, State)	and Manibal	Or Prozest	Cute Number,						
4	29a. CERTIFIER 1 2 EPTIEVING PHY	PICIAN: To the best of a						Sa 11 631	100							
COMPLE	manual .						to the cause(a) and main time, data and place, an			and manner as stated						
	296. SCHATURE IND TITLE OF CERTIFI															
	The Note					29c. LICENSE NUM	47 1	29d. DAT	E SIGNED	(Month, Day, Year)						
- 1						1 // 10 1	10/		1 11							
2 ∦	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	F OF DEATH ATE	4 27) (Time	Print)	1/0/1	M. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Williams fre Sales for No 21279									
2	MINON NA	crowA	MD.			1/1/Cens	Are /c	falt	1	10 21219						
2	31. DATE-FILED (Month, Day, Year) OCT 0 3 1994	HO COMPLETED CAUSI A 32. REGISTRAR	MD.			1/1/Ceus	Are 10	fals	1	12 21219						

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has to be filed within 72 hours after death with the State Dept. IMPORTANT: If item 28 is marked, or item 23 s

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FOR STATE REGISTRAR

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		CI	ERTIFICATE	OF	F DEAT	'H		REG. NO.

					- Dertiit	rice	1. 190.					
ļ	1. DECEDENT'S NAME (First, Middle, Lest) NELLIE E HA	Har	man			2. DATE OF DEA	28	YEAR 3	TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. las	birthday1	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRT			ACE (State or Foreign			
	212 46 2742 1 M 2 M F			NONTHS DAY		(Month, Day, Y	ber)	Country)	COURSE OF POREIGN			
	212 40 2142	78				_08/08/			land			
m	9a. FACILITY NAME (If not institution, give street and number)		- 1		VN OR LOCATION OF D	75. 77	UNTY OF DEA					
DIRECTOR	Carroll County General	Hospita	1	Westm	inster		Ca	rrol1	County			
<u>입</u>	10a, STATE 10b, COUNTY		10c CITY	TOWN OR LO	CATION				Od, INSIDE CITY			
Ē	Maryland Carroll								LIMITS?			
	Maryland Carrol1		Syr	cesvil								
FUNERAL	7309 Second Avenue	dercare	e Cent	er l	10f. ZIP CODE		10g. CITIZEN OF WHA					
빌	10	-	_		21784			U.S.A.				
5	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1	EVER IN U.S. AR			DECENDENT OF HISPA , specify Cuban, Maxic			14. RACE - Black, 1	- American Indian, White, atc.			
BY	3 Wildowed 4 Divorced	R OR DATES			YES 2 NO Spec			Specify:				
	15. DECEDENT'S EDUCATION	40.00		1		100		1	White			
	(Specify only highest grade completed)	(Gi		SUAL OCCUP ork done during	most of working	166, KIND 0	OF BUSINESS/IF	NDUSTRY				
	Elementary/Secondary (0-12) College (1-4 or 5+)					77.000	a Malas					
Σ	8th Grade	HC	ousewi	rie			e Make					
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	000012	•			AME (First, Middle, A						
BE		essling			Ma		_					
2	19a. INFORMANT'S NAME (Type/Print)				et end Number or Rural							
- 1	JoAnn Beaver	2	55 G1	en Cou	ırt	Pasade	ena, Ma	ryland	1 21122			
	20a. METHOD OF DISPOSITION 1 → Buriat 2 □ Cremation 3 □ Ramoval from State			DISPOSITION	I (Neme of	Dc. LOCATION -	- City or Town	, Stata				
- 1	4 Donation 5 Other (Specify)	Mt. O	livet	Ceme	Cemetery 10/1 Baltimore, Mary							
ļ	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Λ		22. NAM	E AND ADDRESS OF F	ACILITY						
	Jerome Franciousky George J. Gonce Funeral Home P.A.											
	4001 RITCHIE HWY. Baltimore, Md. 2											
	ahock, or haart fellura. List only one cause on sech line.											
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ĔI	If any, leading to immediata	R AS A CONSEC	DUENCE OF)									
ਨੂ ∥	CAUSE (Disease or injury											
는 II	that initieted avants resulting in death) LAST	hat initiated avants DUE TO (OR AS A CONSEQUENCE DF):										
CERTIFICATION	d											
21	PART ii. Other significent conditions contributing to d	eath but not re	aaulting in	the underl	ving ceuse givan ir	Part I. 24a. W	AS AN AUTOPS	/ 24b. W	ERE AUTOPSY FINDINGS			
8					,,	Pi	ERFORMED?	A	MAILABLE PRIOR TO OMPLETION OF CAUSE			
EDICAL						1 _ 1	ES 2 NO		F DEATH?			
Σ	DID TODA COOLIGE COLUMNIA TO COLUMNIA	CE OF THE						1	YES 2 NO			
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAU					N LL						
ਹੋ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLAC		(Check only o	ne)							
XS.	1 YES 2 NO 1 Inpatient 2 E	ER/Outpatlant 3			iome 5 - Rasidence	e 🗆 Other (Specif	y)					
표	27. MANNER OF DEATH 28a. DATE OF IN (Month, Day,		26b. TIME INJU		INJURY AT WORK?	28d. DESCRIBE	IOW INJURY O	CCURED				
BY	1 Natural 5 Pending		0.00	M 1	YES 2 NO							
- 8		INJURY — At hor	me, farm, atr	eet, factory, c	ffice	28f. LOCATION (Street and Numb	er or Rural Rou	te Number,			
	4 Homicida detarmined	or (opoony)				City or Town,	State)					
	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of m	v knowledge de	eth occurred	et the time of	lets and place lead do							
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the best of many one)											
8		encor i	ge(1011,	my opinio			ca, and dua to	trid CaUSO(A) A	no mannar aa stated.			
H	296. SIGNATURE AND TITLE OF CERTIFIER	Maria.			29c. LICENSE NU		29d. DA	TE SIGNED (M	fonth, Day, Year)			
2	martin magram				D155	40		9-28	-94			
-	30. NAME AND ADDRESS OF PERSON WHO COMPRETED CAUSE											
	MARTIN MAGRAM.	MA	361	1 6%	RDENVIE	W ROA	TO BA	4. MI	1, 2/208			
	31. DATE FILED (MONT). Day 1980 32. REGISTRAR!											
	OUT OF TOOL SHOWING	· Maria	_						- 1			

BALTIMORE, MARYLAND 21215-0020

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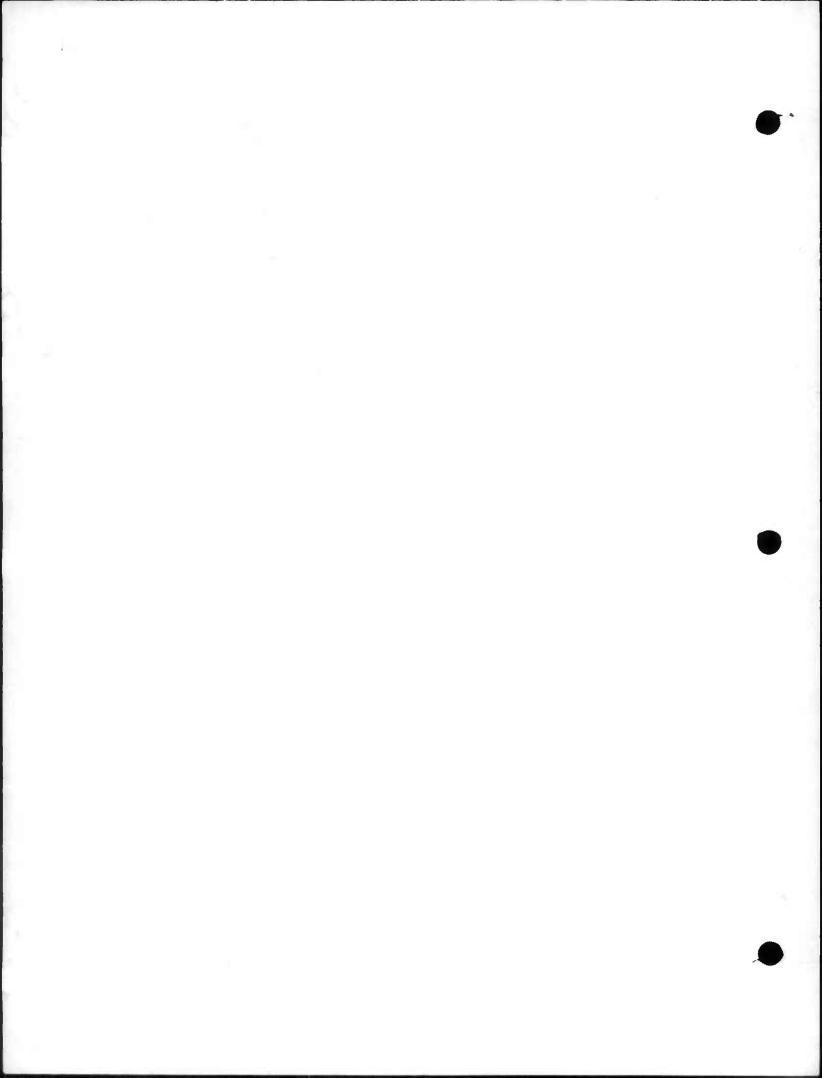
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR 1 - STATE REGISTRAR	STATE OF MARYLANI		TMENT OF H		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lest) GERTRUDE		LAN	D		2. DATE OF OEATN	AY YEAF			
	214-30-6241	□ M 2 1 F 8	i. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 12,	8. BIF	ATHPLACE (State or Foreign unity)		
TOR	90. FACILITY NAME (If not institution, give street Good Samaritan Hosp RESIDENCE OF DECEDENT			96. CITY, TOWN O	R LOCATION OF OE	ATH	9c. COUNTY OF OEATH N/A			
DIRECTOR	MD 10b. COUNTY N/A			town or Locat altimore	ON			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	916 Leadenhall St			101.	21230		-	J.S.A.		
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO		city, Cuban, Mexicar	IC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	Bi	ACE — American Indien, lack, White, atc. pecify:		
COMPLETED	15. OECEDENT'S EDUCATII (Specify only highest grade com Elementary/Secondary (0-12)	ON 16a hpleted) ollege (1-4 or 5 +)	Give kind of w	USUAL OCCUPATIO vork done during mos e retired.)	N it of working	11207.040	SINESS/INDUSTRY			
COMP	5th 17. FATHER'S NAME (First, Middle, Last) 17 a	N/A	Dom	<u>nestic</u>	18. MOTHER'S NAM	WE (First, Middle, Maiden				
TO BE	19a. INFORMANT'S NAME (Type/Print) Robert Kenny Bowie	, Sr.	196. MAILING 7434	ADDRESS (Street at	AVENUE	, Northwes	state Zip Code)	ington,D.C.		
	20a/ METNOD OF DISPOSITION 1 □ Burial 2 □ Cremation 3 □ Removal 4 □ Donation 5 □ Other (Specify)	from State VOSI	CE AND DATE O	of DISPOSITION (National Natio	Garden	DATE 20c. LO S 10- 3 Dur	rcation — city or adalk, M	Town, State		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MARCH FUNERAL HOME EAST 1101 E. NORTH AVENUE/BALTIMORE, MD 21										
	23. PART i. Entar the diseases, or com shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	plications that caused that caused that cause on each only one cause on each only one cause on each only one cause on each only one cause on each only one cause of the caused that caused	Ilne.		da of dying, such	n aa cardiac or respi	iratory arreat,	Approximate Interval Between Onset and Daath		
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON								
MEDICAL	PART II. Other algorificant conditions co	enal Vasc	ot rasulting in	n the underlying	cause given in	Part I. 24a. WAS AN PERFOF	PMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:		OSPITAL:	R 3 DOA	OTHER:	ACE OF DEATN (Che					
ву рну	27. MANNER OF DEATN 1 Astural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJ	E OF 28c. INJU	JRY AT RK? ES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED			
	3 Suicide 6 Could not be 4 Homicide dstarmined	28e. PLACE OF INJURY — A building, atc. (Specify)				281. LOCATION (Street and City or Town, State)		al Route Number,		
COMPLETED	one) 2 MEDICAL EXAMINER: 0	t: To the best of my knowledge on the besis of examination and						e(a) and mannyt as stated.		
TO BE	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CALISE OF DEATH	dTEM 27) (Trop	Drine)	D538	EBER 7	29d. OATE SIGN	150 (Month, Day, Year)		
	31. DATE FILED (Month, Day, Year)			erm)			1	1		
	OCT 0 3 1994 July	32. REGISTRAR'S SIGNATUR	L							

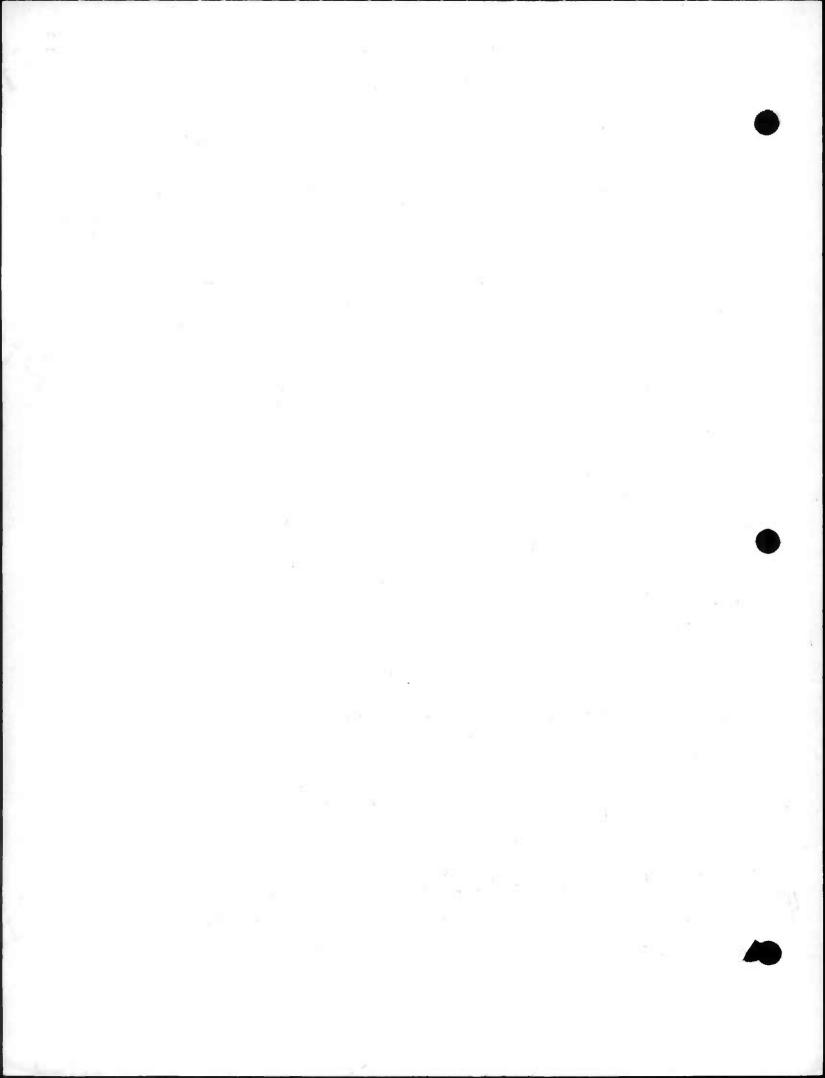


1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		HEGIOTIDAL		<u> </u>		VAIL	01	DEAIII		HEG. NO.					
		1. DECEDENT'S NAME (First, Middle, Last)							MOI			YEAR	. TIME OF DEATH		
		RUDOLPH 4. SOCIAL SECURITY NUMBER	1 any 1 and		LLIS					PTEMB		0	4:10 рм		
		217-26-4473	5. SEX 6. AG	E (In yrs. les	t birthday) YRS.	IF UNDER 1	YEAR DAYS	HOURS MI	15. 7. DAT	e of Birth 1 nth, Day, Year) 1 .25, 19	994	Country) FLOR	ACE (State or Foreign		
pinods		9a. FACILITY NAME (If not institution, give			1110.	Oh CITY	TOWN	OR LOCATION O		.25, 19	25	T L UK			
3 8)	œ			PITAL				TIMORE	CIT	Υ	Sc. COOL	n/a			
1, 2,	DIRECTOR	RESIDENCE OF DECEDENT											-		
		10s. STATE 10b. COUNT			10c. CITY	, TOWN OR						1	Od. INSIDE CITY		
permit, Pages		MARYLAND	n/a				OAL	TIMORE				1	YES 2 NO		
	₹	100. STREET AND NUMBER 1618 N. BF	ROADWAY				10	21213			10g. CITI	ZEN OF WN	STATES		
020 physiclan. burlal-transit	FUNERAL	11. MARITAL STATUS					\perp								
20 hysic urrial-	립	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 V YE IF YES, GIVE WAR OR	S 2 N	MED	lf.	yes, sp	secify Cubsn, Ms	xicen, Puert	ilN? (Specify Yes o Rican, stc.)	or No-	Black, 1	- American Indian, Whits, etc.		
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the burtal-trar at once.	B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR NAV	Y		11	☐ YES	S 2 NO SE	secify:			Specify:	BLACK		
r attenduse as		15. DECEDENT'S EDU (Specify only highest grad		16e. DE	CEDENT'S	USUAL OCC	CUPATI	ON	1	Sb. KIND OF BUS	INESS/IND				
21.2 alore for us	4	Elementary/Secondary (0-12)	College (1-4 or 5+)	lite.	Do NOT us	e retired.)	unng mo	ost of working		AL TO (000 0		CTDIC CO		
Nospit ched	COMPLET	8 th	-		.ABOR	E.K			l B	ALTO. G	1A3 &	ELE	CTRIC CO.		
LAN the hos detach	8	17. FATHER'S NAME (First, Middle, Last) JOHN HOLLIS								, Middle, Maiden	Sumame)				
RYL ed by	BE							MAR		VANS					
MARYLAND retained by the hospit 5 should be detached notified at once.	임	198. INFORMANT'S NAME (Type/Print) CHRISTINE H(DLLIS	190	618	ADDRESS ((Street I	and Number or Ri NADWAY	unal Route Nu RA	mber, City or Town	City or Town, State, Zip Code) IMORE, MARYLAND 21213				
Dage be		20s. METHOD OF DISPOSITION		Ob. PLACE								City or Town			
BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physic by the funeral director, page 5 should be detached for use as the burial moral.		1X Burisi 2 Cremation 3 Ren	noval from Stats	GARR'I	SON OF	he PORE	EST	VA CE	METER	Y 10-50	WING	S MIL	LS, MD		
Page al dire		22. NAME AND ADDRESS OF FACILITY WM. C. MARCH fh1101 E. NORTH AVENUE													
BALTIN nours after death. Pag of in by the funeral dis or removal.		> Marche	(RA)			WM.	. C	. MARCH	fh	1101 E.	NOR	TH A	VENUE		
B/ after d by the moval.		23. PART I. Enter the diseesea, or		and Albanda	ath Da -										
B nours after or removal		ehock, or heert fellure.	Liet only one ceuse on	eech line	eth. Do n	ot enter t	ine mo	oae or aying,	such aa ce	rdiac or reapi	ratory arr	eat,	Approximete Interval Between		
		iMMEDIATE CAUSE (Final disease or condition	DOCCEDE	r) MT									Onset and Death		
within pletely premare ent.		resulting in death)	POSSIBLE OUE TO (OR AS		DUENCE OF	n:							MINUTES		
P.O. BOX 68760, no carificate be executed within cours within profile in the physician and completely filled in Hygiene prior to burial, cremation, or re or other traumatic event, the med	_	CHRONIC RENAL FAILURE											WEARG		
X 6 e exect to but and to but	CERTIFICATION	If any, leading to immediate										YEARS			
BOX cate be ex hysician a e prior to	2	CAUSE (Disease or Injury													
Certific ding pl	빌	that initiated evente DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST													
_ ta the -	H		d		-										
		PART II. Other eignificent condition				n the und	derlyin	ig ceuse giver	In Part I.	24s. WAS AN			VERE AUTOPSY FINDINGS		
ORE that the the the and the and In	EDICAL	NON-INSULIN D	EPENDENT 1	DIABI	ETES					PERFOR		0	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Lires luires WS	MEC	HYPERTENSION								1	Ω ₁	- 1 - 1	YES 2 NO		
AL RE law required bas been a Dept. of F	ż	DID TOBACCO USE	CONTRIBUTE TO	CAU	SE OF	DEAT	Η '	YES 🔲 I	10 E						
ITAL V: The lav cate has State Dep	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					LACE OF DEATH	(Check only	ona)					
F VITA	\Si	1 TES 2 NO	15 Inpetient 2 ER/O	ulpetlant 3	□ DOA	OTHER:		ne 5 🗆 Rselder	ocs 6 🗆 Ot	her (Specify)					
OF PHYSIC this ce with th	표	27. MANNER OF DEATH	28s. DATE OF INJUR (Month, Day, Year		26b. TIMI	E OF 2	28c, IN.	JURY AT ORK?	28d. D	ESCRIBE HOW II	NJURY OC	CUREO			
ON OF DING PHYS After this of death with	B∕	Netural 5 Pending 2 Accident investigation				M		YES 2 NO							
//SION OF VI- ATTENDING PHYSICIAN: COOR: After this certifica s after death with the St. 28 is marked, or lit.	8	3 Suicide 8 Could not be	28s. PLACE OF INJU building, atc. (S	RY — At ho pecify)	me, Isrm, s	treet, Iscto	ry, offic	CS		OCATION (Street a ty or Town, State)	and Number	or Rural Rou	ite Number,		
DIVISION OF VITAL OR ATTENDING PHYSICIAN: The land DIRECTOR: After this certificate has hours after death with the State Degitem 28 is marked, or item 28		29a, CERTIFIER													
7 72 +	COMPLET	(Check only 1 CERTIFYING PHYS	SICIAN: To the best of my kn										correct in the ext		
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: It	8		ER: On the besis of examina	tion snd/or l	investigatio	n, In my op	oinion, o	death occured at	the time, de	its and placs, sn	d dua to th	s cause(s) s	ind menner as stated.		
THE F	BE	296. SIGNATURE AND TITLE OF CERTIFIE						29c. LICENSE	NUMBER		29d. DAT	E SIGNEO (A	Nonth, Day, Year)		
IN PPS	5	SHELONITDA				a Via									
471		30. NAME AND AODRESS OF PERSON W	1				CV) / -							
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	ONATURE	11014	1400	SE	/c/o M	IAKYI	AND GI	ENER	AL H	OSPITAL		
		OCT 0 3 1994	Lui Siniam												
	1 1	001 - 0	([1											

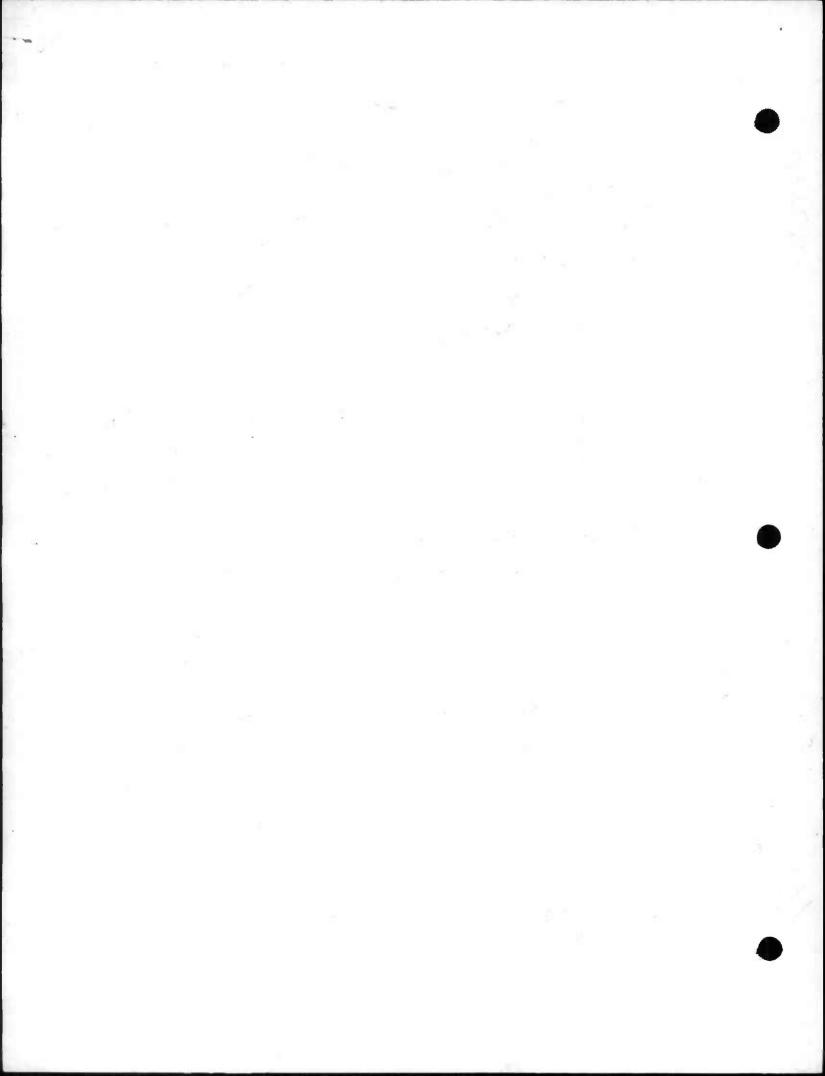
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BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within a nouns after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	1, or removal.	e medical examiner must be notifiled at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE PUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely fill	be filed within 22 hours after death with the State Dept. of Health and Mental hygiene prior to bunda, cremation, of removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF M	ARYLAND / DEPARTM CERTIFIC	MENT OF HE	ALTH AND M	ENTAL HYGIEN	E						
	1. DECEDENT'S NAME (First, Middle, Lest) Goldus	Н	inton		2. DATE OF DEATH ON Sept. 2	,199 ੱ 4	3. TIME OF DEATH 5:25 P M					
	4. SOCIAL SECURITY NUMBER 2.16-12-1908 S. SEX 13€ M 2 □ F		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4 2 18	s. Bif Cor	STNPLACE (State or Foreign unity) Yland					
TOR	99. FACILITY NAME (If not institution, give street and number) Maryland General Hosp: RESIDENCE OF DECEMENT		. сту, тоwn он Baltim	LOCATION OF DEA		sc. county of						
DIREC	10a. STATE 10b. COUNTY Maryland N/A		own or Location Baltin				10d. INSIDE CITY LIMITS? XX YES 2 \(\square\) NO					
FUNERAL DIRECTOR	100. STREET AND NUMBER 721 E. Chase Street		101.	21202		10g. CITIZEN O	F WHAT COUNTRY?					
ΒY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Never Merried 4 Divorced	EVER IN U.S. ARMED YES 2 ⊠NO R OR DATES	If yes, spec	NDENT OF NISPANK ify Cuben, Mexican, NO Specify:	C ORIGIN? (Specify Yea Puerto Rican, etc.)	В	ACE — American Indian, lack, White, atc. pacify: Black					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 7th grade College (1-4 or 5+)	life. Do NOT use re	done during most	of working	16b. KIND OF BUS	INESS/INDUSTRY	,					
BE COM	17. FATNER'S NAME (First, Middle, Last) James Hinton	1140		18. MOTNER'S NAM	E (First, Middle, Maiden Cta Wynd							
TO B	190. INFORMANT'S NAME (Type/Print) Ellen Lewis	19b. MAILING AD 3600 W	oness (Street and	Number or Rural Ro Klin St	ute Number, City or Town	altimo	re,Md 21229					
	20a. METNOD OF DISPOSITION 1 \(\tilde{Q}\)Burlel 2 \(\tilde{C}\) Cremation 3 \(\tilde{R}\) Removal from State 4 \(\tilde{D}\) Donation 5 \(\tilde{Q}\) Other (Specify) 21. SIGNATURE OF TIMERAL SERVICE LICENSEE	20b. PLACE AND DATE OF D cemetery, crematory, or other Mt. Zion	Cemet	erv	/3 ^T /94 ^{0c. LO} Ba1	timore	.Marvland I					
	Chatman-Harris F/H Baltimore, Md21215											
	iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Haema	caused the death. Do not e on each line. physalis or as a consequence of:	entar tha mod	e of dying, such	as cerdiac or reapi	ratory arreat,	Approximate intervel Batween Onset and Deeth unknown					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Lung Mass OR AS A CONSEQUENCE OF): OR AS A CONSEQUENCE OF):	proba	bly Lum	p Ca.							
MEDICAL CE	PART II. Other significant conditions contributing to d	laeth but not resulting in t	ha underlying	cause given in P	art I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
	DID TOBACCO USE CONTRIBUTE	TO CAUSE OF E	DEATH YE	S NO			1 TYES 2 NO					
PHYSICIAN:			THER:	5 Residence 6	0	-						
ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		WOR		28d. DESCRIBE HOW II	JURY OCCURED						
0	3 Suicide a Could not be 28s. PLACE OF	INJURY — At home, term, streetc. (Specify)	et, tactory, office		28t. LOCATION (Street a City or Town, State)	nd Number or Run	al Route Number,					
COMPLET	29s. CERTIFIER (Check only one) 1 X CERTIFYING PNYSICIAN: To the best of n						ne(s) end menner es stated.					
B	296. SIGNATURE AND TITLE OF CONTIFIER LAWER.	HOUSE ST		89234	ER	29d. DATE SIGN	IED (Month, Day, Year)					
5	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE Shakir Sarwar, M.D.	c/o Maryla	nt)	neral H	ospital							
		'S SIGNATURE										



blh FOR

	1 - STATE REGISTRAR	OINTE OF THE	CEF		ICATE				MENIA	REG. NO.	Ŀ			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH	NY.	YEAR	3. TIME OF DEATH	
	Estella		layes						Sep	t. 28		994	2243 M	
- 3	4. SOCIAL SECURITY NUMBER 216-42-3557	5. SEX 6	i. AGĒ (In yrs. last b	,,	IF UNDER 1	DAYS	IF UNDER	24 HRS. MIN,	7. DATE	OF BIRTH		6. BIRTH	PLACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give		49	YRS.								T PID		
œ				9b. CITY, TOWN OR LOCATION OF DEATH							9c. COUNTY OF DEATH			
6	324 N. Hilton	Street			Ba	lti	more	<u> </u>						
DIRECTOR	10a. STATE 10b. COUN	TY		16c. CITY, TOWN OR LOCATION								10d. INSIDE CITY		
0	MD			В	ALTO						YES 2 NO			
FUNERAL	324 N. HILTON ST						2121				U.S.A.			
ВХ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAF	YES 2 NO	NO If yes, specify Cuban, Maxican, Puarto Rican, etc.) Biac						Black	— American Indian, , Whita, atc. by: BLACK			
	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a. DECE	DENT'S	USUAL OCI	CUPATIO	N et of workin		168	. KIND OF BUS	INESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0-12) 1 2TH	College (1-4 or 5+)	life. Do	NOT us	STRES		N OF WORKING	v		SELF-E	MPLO	YED		
OM	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAI	ME (First,	Middle, Maiden	Surname)			
BE C	JOHN DOUGLAS HA	AYES SR.					GI	RACE	AN	DERSON				
10	1993. INFORMANT'S NAME (Type/Print) ROSETTA FORTUN	£			WING		nd Number	or Rural F	STER	TOWN,	n, State, Zip MD 2.	1236		
	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Re 1 Donation 5 Other (Specify)	moval from Stata	20b. PLACE AND	DATE O	of disposin	AL	PK.		104		CATION — UTUS		wn, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MARCH F/H-WEST 4300 WABASH AVE													
	1 Sala	mar	ch										Ξ	
	23. PART i. Enter the diseases, or ahock, or heart fallure	complications that of	eused the deetl	h. Do r	not enter t	he mod	de of dyi	ng, suct	n as cen	diec or reepi	ratory em	reet,	Approximate Interval Between	
1	IMMEDIATE CAUSE (Fine)											Onset and Death		
ł	disease or condition													
2				LIIOL O	,									
CERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate	DUE TO (O	R AS A CONSEQUE	ENCE OF	F):									
5	CAUSE (Disease or injury	c	R AS A CONSEQUE	NOE OF	D.									
Ē	that initieted events reculting in death) LAST	352 10 (01	N AS A CONSEQUE	INCE OF	·).								i	
	DART II ON A STATE OF	d.												
8	PART II. Other aignificant condition	ns contributing to de	eath but not ree	uiting i	in the und	lerlying	ceuse g	iven in 1	Part I.	24a. WAS AN . PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă						_			- 1	1 (ES 2	□ №		DF DEATH?	
Σ	DID TORACCO LISE CON	TDIBLITE TO CALL	SE OF DEATH	I VE	c 🖂 N		LINIC	EDTAIN	_				1 TES 2 NO	
PART II. Other significant conditions contributing to death but not recuiting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY FRANKLABLE PRIOR I COMPLETION OF CO DF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 No UNCERTAIN 26. PLACE OF DEATH (Check only one) EXAMINER? 1 No UNCERTAIN 27. MANUARY OF DEATH 28. DATE OF INJURY (Month, Day, Veer) 1 No UNCERTAIN 28. DATE OF INJURY (Month, Day, Veer) 1 No UNCERTAIN 28. DATE OF INJURY WORK? 28. DATE OF INJURY WORK? 28. DATE OF INJURY WORK?														
EXAMINER? 1 AYES 2 NO EXAMINER? 1 Inpetiant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)														
훉	27. MANNER OF DEATH	28a. DATE OF IN. (Month, Day,	JURY 2	8b. TIMI		8c. INJU	JRY AT	/		SCRIBE HOW IN	JURY OCC	CURED		
B	1 Natural 5 Pending 2 Accident Investigation	223	M SP	1 🗌 Y	K.	NO	Si	is bett	STA	6B=0	AND CUT			
	3 Suicide 8 Could not be	28a. PLACE OF II building, etc	NJURY — At home, (Specify)	farm, s	itreet, factor	ry, offica				ATION (Street a or Town, State)	nd Number	or Rural R	oute Number,	
E,			ME						100		TON S		MKUE = ary	
COMPLETED	(Check only 1 CERTIFYING PHY	SICIAN: To the best of my IER: On the besis of exen											and manner as stated,	
	296. MOMATURE AND TITLE OF GERTIFE					Т	29c. LICE						(Month, Day, Year)	
8	Mousite Une	The						C.M				ept	Carrier I	
임	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM 2	7) (Type,	Print)			U . I I	9 Jul 9			CPL	. 23 1334	
	31. DATE FILED (MONTH), Day Mary	J. LOPPU 32. REGISTRAR'S	WY 11	1 P	enn	Stı	reet	, B	alt	imore	, Ma	ryl	and 21201	
	oct 03 1994	Jain Dander	Probable										1	

marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPI TO THE FUNE be filed within IMPORTANT

		1 - STATE REGISTRAR	SIAIL OF W	CE			OF DEA			REG. NO.	E		
	- 9	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH			I. TIME OF DEATH
		PATRICK	в. 4	OLMAN-	Hom	an			SEPT	27		YEAR C	9:30 A
		4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	t birthday)	IF UNDER 1 Y			7. DATE OF I	BIRTH.		8. BIRTHPL	ACE (State or Foreign
		213-19-4416	1 🔀 M 2 🗌 F	19	YRS.	MONTHS D	AYS HOURS	MIN.	July :		1975	New	Jersev
shouk		9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TO	WN OR LOCAT					TY OF DEA	тн
020 physician. burial-transit permit. Pages 1, 2, 3 should	ECTOR	5800 BLK OF WES	STERN RU	N DRIV	Æ_	BAL	TIMOR	E CIT	<u> </u>		Bal:	timor	e City
ges	l ñ	10e. STATE 10b. COUNT			T	Y, TOWN OR L	OCATION					10	Od. INSIDE CITY
.≅	DIR	Maryland Balt	imore Cou	inty	Pi	kesvil	L1e					_ 1	LIMITS?
perm	ERAL	10a. STREET AND NUMBER					101. ZIP COC	ÞΕ			10g. CITIZ	EN OF WH	AT COUNTRY?
n. ansit	Ë	912 Adana Rd.						21208	3		USA	A	
20 ysicia	FUN	11. MARITAL STATUS 12 Never Merried 2 Merried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR		13. WAS	DECENDENT	OF HISPANIC	ORIGIN? (S	pecify Yes	or No-	14. RACE - Block, V	- American Indien, White, etc.
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-frantotified at once.	BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		10	YES 2 X NO	Specify:		.,,		Specify:	
15-0 ttending e as the	0	15, DECEDENT'S EDU	CATION	18e. DE	CEDENT'S	USUAL OCCU	PATION		16b, KIN	ID OF BUS	INESS/INDU	JSTRY	White
212 or a		(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5 +)	Hin	ve kind of v Do NOT us	vork done durir a re tired.)	ng most of work	ing	1,7,2				
D spita	P.	12 years			uden	t							
AND 212 the hospital or att detached for use once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NAMI	E (First, Middl	le, Maiden :	Sumame)		
MARYLAND retained by the hospit 5 should be detached notified at once.	l III	George N. Homan						Su	ısan A	nton	1		
MAR retained 5 should	10	19e. INFORMANT'S NAME (Type/Print)					reet and Numbe				n, State, Zip	Code)	
		Mrs. Susan Homan					Rd. Pi	lkesvi	11e,		2120		
ORE 6 may ector, pa		20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem	oval from State	20b. PLACE A	MD DATE O	of DISPOSITION Ther place)	N(Name of		DATE		CATION C		
IMC direc		4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Juarro	.I Cr		On, Inc		9-30	Ham	pstea	ad, M	D
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.			Aymo	e))		Lori	ing Bye Liber	ers Fu	neral				
B nours after d in by the or removal		23. PART I. Enter the diseases, or o	omplications that	causad the da	eth. Do r	ot anter the	mode of dy	ing, such	aa cardiac	or raapli	ratory erre	et.	Approximate
nours ed in b or rer		shock, or heart feilure. IMMEDIATE CAUSE (Final	List only one ceus	se on each line									Intervel Between
within ministery fille cremation,		disease or condition	NARCOTIC	INTOXICA	TION								Onest and Date
ted within exhours at completely filled in by ial, cremation, or rem.: event, the medic.		resulting in death)		OR AS A CONSEC		7):							
BOX 68760, at be executed with sysician and complete prior to burial, crem	z	San contails that any distance	b										
O. BOX 68 ertificate be executing physician and cyliene prior to buring other traumatic	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	OUENCE OF	7):							
beath certificate be es attending physician to tal Hygiene prior to y, or other traum	2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	OB 45 4 COMOS	UENOE O								
P.O. B(ith certificate tending physical Hygiene pri or other ti		that initiated events resulting in deeth) LAST	001 300	OR AS A CONSEC	DUENCE OF	-):							
DS, P. the death c the attendid Mental Hy injury, or	問		d										†
ORDS, P.O. E that the death certifical ed by the attending ph th and Mental Hygiene any injury, or other		PART II. Other eignificant condition	a contributing to	deeth but not r	eeuiting i	n the under	lying ceuse	given in Pa	ort I. 24a	PERFOR			ERE AUTOPSY FINDINGS
S that in the by lifth and amy I	DICAL								_ 12	YES 2		CC	OMPLETION DF CAUSE F DEATH?
w requires that been signed to the Health a shows any	MEC								_ ′	1			YES 2 NO
- C S O N	Ë	DID TOBACCO USE CONTI	RIBUTE TO CAL	JSE OF DEA	TH YE	S NC	UNC	CERTAIN					
ate ate	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	E OF DEAT	H (Check only OTHER:	one)						
E VIT. SICIAN: Th certificate the State the or item	1 > I	1 YES 2 NO	1 Inpatient 2			4 - Nursing	Home 5 A						TOL
는 사람들 등	F	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF I (Month, Day	y, Year)		URY	WORK?	ω,	ad. DESCRII	BE HOW IN	IJURY OCC	URED	
ON DING PAffer death	BY	2 Accident Investigation	FOUND 9-	27-94 INJURY — Al ho	UNKNO	****	YES 2 0		NKNOWN	11 (00 1	-1.84 1	0.010	
TTEN TTEN TOR: after	ETED	3 Suicide 8 Could not be determined	building, e	tc. (Specify)		IN AUT			Bf. LOCATIO City or To ALTIMO	wn, State)	5800 W	ESTERN	RUN DR.
DIV OR A DIRECT DIRECT HOURS	1 -4 1	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of n	ny knowledge, de	ith occurre	d at the time,	date end plece	, end due to	the ceuse(e) end men	ner se state	d.	
HOSPITAL FUNERAL Within 72	COMPL	2 MEDICAL EXAMINE											nd manner ee stated.
E HON	ВС	29b. SIGNATURE AND TITLE OF CERTIFIER	1 0	-44.0			29c. LIC	ENSE NUMB	ER	T	29d. DATE	SIGNED (M	fonth, Day, Yeer)
TO THE HOSPITAL TO THE FUNERAL De filed within 72 H IMPORTANT: # 1	TO B	(dw	-whe	MD			0.C	.M.C	•		▶ SE	PT.2	28,1994
		30. NAME AND ADDRESS OF PERSON WHO	te, M	1	, . ,		eet,	Balt.	imore	e, M	aryl	and	21201
0		31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	u.								
		UCT 03 1994	June wine	MAN INTERNAL	n A								

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physici
	s afte
	non
X 68760,	be executed within thours after de
P.O. BC	h certificate
RECORDS, 1	requires that the deat
DIVISION OF VITAL RECORDS, P.O. BOX 68760	JING PHYSICIAN: The law
DIVISIO	L OR ATTEND

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a found after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First, Middle,	(4)				-	DEATH	ned. NO.			
		GEODGE	7.7%	\ T#7 T \ T T T T	ma C				2. DATE OF DEATH	AK.	_YEAR	IME OF DEATH
		GEORGE AUGUS	TUS HA	NZINIKI	TAS				9 2	9	94	7 PAH
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	-	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLAC	E (State or Foreign
	1 1	219-28-1993	1 🔀 M 2 🗆 F	61	YRS.	MONTHS	DAYS	HOURS MIN.	037747793	3	Mous	Jersey
		9a. FACILITY NAME (If not institution,	give street and number)			9b, CITY	TOWN C	OR LOCATION OF DE			INTY OF DEATH	
	Œ	Stella Maris Hospice Towson Baltimore										
	DIRECTOR	RESIDENCE OF DECEMENT									2	
	입	10e. STATE 10b. C			10c. CIT	Y, TOWN O	LOCAT	TION			10d	INSIDE CITY
	뜻	Maryland	Baltin	ono				Dunda	Ph		1	LIMITS?
		10a. STREET AND NUMBER	Baccan	10,00			400	. ZIP CODE		Tool on		YES 2 X NO
	FUNERAL		1				101			-	TIZEN OF WHAT	
	밀	831 Jeannette						212			Inited.	States
	교	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDE FORCES?			13. W	AS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Specify Yas in, Puerto Rican, atc.)	or No-	14. RACE — A Black, Wh	merican Indian,
	ВУ	3 Widowed 4 Divorced		1 YES 2				2 X NO Specify			Connthu	
			Korean		Army							White
	TEO	15. DECEDENT'S (Specify only highest		16a.	(Give kind of	work done di	cupatio	ON ost of working	16b. KIND OF BUS	SINESS/IN	DUSTRY	
	삗	Elementary/Secondary (0-12)	College (1-4 or 5	i+)	life. Do NOT u	se retired.)			- 44.0			•
eś	COMPLET	9th Grade			Scheo	luler	Roc	d Mill	Bethle	2hem	Steel	Corp.
Once.	ᅙ	17. FATHER'S NAME (First, Middle, La	nt)					18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	_	
at	BE (Anastasi K. H	inzinikita	\$				Elizabe	eth Soploki	V .		
notified at		19a. INFORMANT'S NAME (Type/Print			19b. MAILING	ADDRESS	Street a		Route Number, City or Tow		ip Code)	
not	2	John Hanzinik	itas						e Dundalk			21222
ě		20s. METHOD OF DISPOSITION		20h BLA	CEANDDATE						City or Town, S	
must		1X Buriel 2 - Cremetion 3 -	Removal from State	cemetery,	cremetory or o	ther place)	IUNIN	1 0 / 0:	1/94 Ba	O 4 1	- City or lown, a	state
10		4 Donation 5 Other (Specify		l va	R Law	i Cem	xe	ry 10/0	1/94 Ba	etuno	ore, Ma	rykana
or removal. medical examiner		21. SIGNATURE OF FUNERAL SERVI	JE LICENSEE			22. N	AME AI	ND ADDRESS OF FA	neral Home	06 1	Dundalb	Tuo
ехаг		groon	Mas	white the	٠.	7	200	Wite Au	e. Dundal	h M	anuland	21000
or remova medical		23. PART i. Enter the diseases	or complications th	et caused the	death Do	not enter i	7 2 2	Wase AV	b se cordice or most	2 1410	Digitaria	
ned ned		ahock, or heert fal	ure. List only one co	use on each i	line.	indi onitor	na mo	de or dying, add	ir as cardiec or reepi	recory ar	reat,	Approximate interval Between
		iMMEDIATE CAUSE (Final disease or condition	al PROSTATE CANCER 34/5									Onset and Death
cremation,		resulting in death)	. PRO	SIAG	ECF	HNC	EX	2				341s.
		DUE TO (OR AS A CONSEQUENCE OF):										
Hygiene prior to burial, cremation, or other traumatic event, the	Z	Sequentielly list conditions,	b									
of T	CATION	if any, leading to immediate	DUE T	O (OR AS A CON	SEOUENCE O	F):						
prio tra	S	CAUSE (Disease or injury	С									
iene othe	RTIF	that initiated events	DUE T	O (OR AS A CON	SEQUENCE O	F):						
Hyg or o	ERI	resulting in death) LAST	d.									
Health and Mental Hygiene prior to burial, ws any Injury, or other traumatic e	22	-									1	
th and Menta any injury,	AL.	PART II. Other algoriticent con-	iltiona contributing t	o death but no	ot reculting	in the uno	erlyin	g ceuse given in	Part I. 24s. WAS AN			E AUTOPSY FINDINGS LABLE PRIOR TO
any	EDICA								1 YES 2	NO	COM	PLETION DF CAUSE
												DEATH?
sho	Σ.	DID TOBACCO US	E CONTRIBUT	E TO CA	USE OF	DEAT	ΗУ	ES T NO	777			
State Dept. of Item 23 sho	SICIAN:	25. WAS CASE REFERRED TO MEDIC					_	ACE OF DEATH (Ch	74			
State	를 디	EXAMINER?	HOSPITAL:			OTHER						
2 0	> 1	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2				_		Other (Specify)		spice	
	F	1 Natural 5 Pending	28a. DATE C (Month,	Day, Year)	28b. TIN	JURY	WC	URY AT DRK?	28d. DESCRIBE NOW I	NJURY OC	CURED	
death with	BY	2 Accident Investige				М		YES 2 NO			_	
M de	0	3 Sutcide 8 Could n	n building	OF INJURY - At p, atc. (Specify)	t home, farm,	street, facto	y, offic		281. LOCATION (Street a City or Town, State)	and Numbe	or or Rural Route	Number,
	E	4 Nomicide determin	ed			_			,,,			
12	7	De. CERTIFIER 1 CERTIFYING	PNYSICIAN: To the bast	of my knowledge	. death occurr	nd at the tir	e date	and place, and due	to the cause(s) and mar	mer ee ete	ted	
E.	픋	/ anal							time, data and place, en			menner es eleled
be filed within	8					,,						0.1100.1101.201.201.002
PS W	E E	296. SIGNATURE AND TITLE OF CER	TIFIER					29c. LICENSE NUI	MBER	29d. DA1	TE SIGNED (Mon	th, Day, Year)
IN P	0 8	Mcnaa Ol	taul	all	ND			D256	43	• 0	1/29/	94
	F	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CA	USE OF DEATN (tTEM 27) (Туре						1 1	
		DR. KENDALL F	AULKNER 2	300 DUL	ANEY (ALLE:	RI	O., TOWSO	ON, MD 212	204		
		31. DATE FILED (Month, Day, Year)		IAR'S SIGNATUR								
- 1		0CT 03 1994	phispen	man Shring	000							
I			The same of the sa									

BALTIMORE, MARYLAND 21203-3146

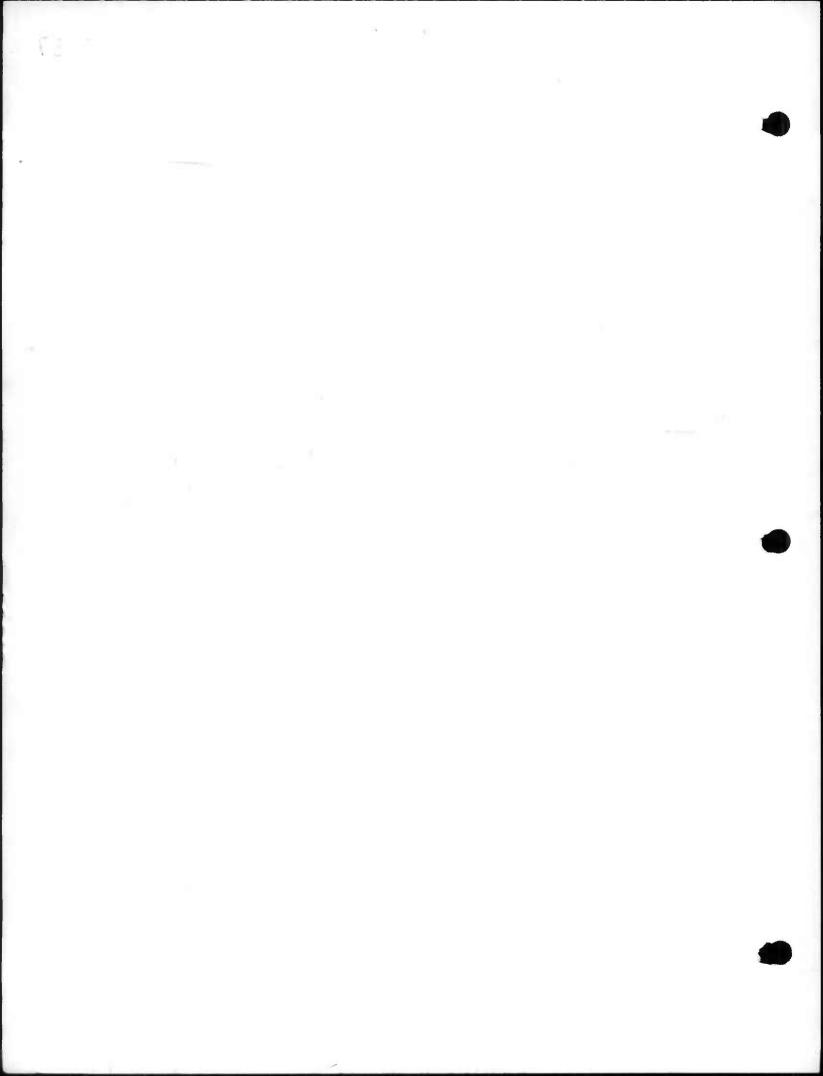
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to the part of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO RE COMPLETED BY FLINERAL DIRECTOR IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

10 2 04 7:1-	calc W.H. Pe	r F/H				
FOR 10-3-94 Film 1 - STATE REGISTRAR	STATE OF MARYLAND / CE	ĎEPÁRTMENT RTIFICATE	OF HEALTH AND I	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	B. Bennie	HAY	NES Sr.	2. DATE OF DEATH 9 —	28-94 3.	TIME OF DEATH
	SEX 6. AGE (In yrs. lest		1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH 193!	8. SIRTHPLA	CE (State or Foreign
261-44-2703 9a. FACILITY NAME (If not institution, give street	0	YRS.		March 29195	4 Georgi	
4901 Emo Street	(Residence)		town or Location of DE opital Heig		rince G	eorge Co
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN (OR LOCATION		10	d. INSIDE CITY
Maryland Prince	e George Co	Capit	al Heights		1)	LIMITS?
10e. STREET AND NUMBER			101. ZIP CODE 2 0 7		IOg. CITIZEN OF WHA	T COUNTRY?
4901 Emo Stree	. t	4FD 13.	WAS DECENDENT OF HISPAN		U.S.A.	American Indian.
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11-26, 1951-Aug 31	0	If yes, specify Cuban, Maxica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	Black, W	Black
15. DECEDENT'S EDUCATI (Specify only highest grade corr	npleted) (Giv	CEDENT'S USUAL O	CCUPATION during most of working	16b. KIND OF BUSIN	ESS/INDUSTRY	
	Ollege (1-4 or 5+)	Do NOT use retired.) ool Teacher	20111	Govern	an h	
17. FATHER'S NAME (First, Middle, Last)	, car s	JOI TEACHER		Governm ME (First, Middle, Meiden Su		
Ishmael Haynes			Ruby C	arter		
19a. INFORMANT'S NAME (Type/Print) Michelline Hayne			S (Street and Number or Rural i			
20a. METHOD OF DISPOSITION			nna Woods Ct. J.		a. 32257 TION — City or Town.	State
1 Departies 5 Other (Speciful 2	I from State other plan	ce)	Cheltenh	am	ltenham	
21. SIGNATURE OF FUNERAL SERVICE LICENS	Ronald Wade	. Dir 22.	NAME AND ADDRESS OF FA	ситу 7 4 7 4 La	ndover	Road
Manuel DU	Mile 9/2	9/94 8	NAME AND ADDRESS OF FA	s Funeral oroSt Bal	Home to MD21	201
23. PART I. Enter the diseases, or com	pplications that caused the deat tonly one cause on each line.	eth. Do not enter				Approximate interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)			arterios	cleral	ie	
tooding in deating	DOE TO (OR AS A CONSEO	DUENCE OF):	ardiova	soular	Rises	112
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEO					
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEO	UENCE OF):				
resulting in death) LAST						
PART il. Other aignificent conditions c	contributing to deeth but not re	eauiting in the u	nderlying cause given in	Part I. 24s. WAS AN AL	JTOPSY 24b. W	ERE AUTOPSY FINDINGS
Cerebe	ovaseula	N de	elasa	PERFORM	a c	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
						YES 2 NO
	IOSPITAL:	OTHE				
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d, DESCRIBE HOW INJ	URY OCCURED	
1 Natural 8 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO			
3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY — At hor building, atc. (Specify)	me, farm, street, fac	tory, office	261. LOCATION (Street and City or Town, State)	d Number or Rural Roun	e Number,
29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of my knowledge, dec	ath occurred at the	time, data and place, and du	to the cause(a) and menne	er an stated.	
000)	On the basis of exemination and/or is	investigation, in my	opinion, death occured at the	time, data and place, and	dua to the cause(s) a	nd menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	relle M. I)	29c. LICENSE NU	MBER T Q	29 M DATE SIGNED (M	onth, Day, Year)
- Consiste	COMPLETED CAUSE OF DEATH (ITEM	1,	1/28	11 8	4408	1774

2. REGISTRAR'S SIGNATURE



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DIVISION OF VITAL BE

		1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTME CERTIFICATION			MENTA	L HYGIEN	E		
		1. DECEDENT'S HAME (First, Middle, Last)				JR.	2. DATE	OF DEATH	v	YEAR 3.	TIME OF DEATH
	1	WADE	N.		SBOR	OUGH SE					2:05 P
		4. SOCIAL SECURITY HUMBER 227-60-2074	5. SEX 6. AGE (In)	MONTH	DER 1 YEAR	HOURS MIN.		OF BIRTH n, Day, Year)		Country)	CE (State or Foreign
pino		9a. FACILITY HAME (If not institution, give str		7110.	UTW TOWN	OR LOCATION OF D		11 8,19			igton.DC
2, 3 should	DIRECTOR	PENINSULA REGI	We issue,			ALISBUR				OMIC	
Jes 1,	EG	10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCA	TIOH					1, INSIDE CITY
.≓.	2	Maryland Don	rchester	East	New 1	Market				11	LIMITS?
perm	₹ I	10e. STREET AND NUMBER	-	9	10	f, ZIP CODE			10g. CITIZE	N OF WHAT	COUNTRY?
an. transit	FUNERAL	P.O. Box 252				21631			USA		
by the hospital or attending physician. be detached for use as the burial-transit permit. Pages 1, 2, at once.	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 ₩HO	If yee, ep	DEHDEHT OF HISPA Decify Cuban, Maxic 3 2 NO Speci	en, Puerto I		or No— 1	Black, W Specify:	American Indian, hila, atc. Vhite
r attenduse as	ETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION 10	6e. DECEDENT'S USUAL (Give kind of work do	OCCUPATION OF	OH of working	16b	. KIHD OF BUS	HESS/INDU		viiite
for u	9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retire	d.)	ost or working	Ro	ger Ka	ahl Tr	uckir	ng, Inc.
the hospit detached once.	COMPL	1 1 17. FATHER'S HAME (First, Middle, Lest)		Truck Driv	7er						
by the be det		Wade N. Hansborou	igh			Alice			Surname)		
s should to notified	BE	19a. IHFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS (Street a				n. State. Zip C	ode)	
2 2 2	임	Wade N. Hansboro	igh	4675 O'E							
may be or, page		20e METHOD OF DISPOSITION 1 Buriel 2 Cremellon 3 Remo	20b. PL	LACE AND DATE OF DISF	POSITION (Na		DAT		CATION — CI		State
Page 6 ma al director, p		4 Donetion 5 Other (Specify)	Lit	ery, cremetory or other ple tle George	town			The	Plain	s, Vi	rginia
after death. Page 6 m by the funeral director, smoval.		21. SIGNATURE OF PUNERAL SERVICE LICE	T 00	1	MUNE	ND ADDRESS OF F	CALEN	NA FUN	IERAL	HOME,	INC.
after death. y the funeramoval. cal exami	-	prinse	MARCHA			W. Maple					2180
nours after ad in by the or removal.		23. PART (LEnter the diseasas, or co ahock, or heart failure. L	omplications that caused the lat only ona cause on thick	ha daath, Do not an h lina.	ter tha mo	oda of dylng, au	ch as card	llac or respi	ratory arres	st,	Approximate Interval Between
e e e		IMMEDIATE CAUSE (Final disease or condition	11 11	/ 0	, ,						Onset and Daar
ted within completely fille ial, cremation, event, the		resulting in death)	DUE TO (OR AS A C	ONSEQUENCE OF):	upie	.5					
B 6 = 5	z	C .									
e be execute sician and control to burial traumatic	ERTIFICATIO	Sequentially flat conditions, if sny, leading to immediata	DUE TO (OR AS A CO	ONSEQUENCE OF):							
1 4 5 4	FIC	cause. Entar UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CO	ONSFOUENCE OF:							
ding Hygie	E	that initiated events reaulting in death) LAST		,							
E See	O	PART II. Other significant conditions	contributing to death but	not regulting in the	underhilm	a course alves to	Post I		ALITED BOW	I	
and by	CAL	The street of the street of the street	obitiouting to death out	not rasulting in tha	underlyin	g cause given in	Part I.	PERFOR	MED?	AVA	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE
w requires that been signed lot, of Heafth a	MEDIC						_	1 YES 2	□ NO	OF	DEATH?
> D &		DID TOBACCO USE CONTR	BUTE TO CAUSE OF	DEATH YES	NO [UNCERTAI	\square			1 7	LIES Z NO
N: The law ficate has I State Dept	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. HOSPITAL:	PLACE OF DEATH (Che							
OR ATTENDING PHYSICIAN: Th DIRECTOR: After this certificate hours after death with the State item 28 is marked, or Item	YSI	1 YES 2 □ NO	1 Inpatient XXER/Outpation		Nursing Horn	ne 5 🗆 Residence	6 🗆 Othe	(Specify)			
NG PHYSII fter this co eath with ti	РНУ	27. MANNER OF DEATH 1 Nstural 5 Pending	26a. DATE OF IHJURY (Month, Day, Year)	28b. TIME OF INJURY	WC	JURY AT DRK? YES 2 HO	28d. DES	CRIBE HOW IN	IJURY OCCU	RED	'/ '
NDING R. After er death	By	2 Accident Investigation 3 Suicide & Could get be	28a. PLACE OF INJURY —	At home, lerm, street, 1	AS _	7	281, LOO	TION (Street a	nd Number of	Rural Boute	Number
OR ATTENDING PHYSICIAN: DIRECTOR: After this certifica hours after death with the St item 28 is marked, or it	TED	4 Homicide 6 Could not be	building, etc. (Specify)	dway			11. 5.	or Town, State)	. Mary	land	sholde
	PLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of my knowled	//	e time, data	and place, and du	to the cau	se(s) and man	Nor as stated	Coun	ty manyla
TO THE HOSPITAL TO THE FUNERAL Se filed within 72 IMPORTANT: If	COMPL	one)	On the beats of examination as						d dus to the	cause(a) and	d menner as stated.
TO THE HOSPI TO THE FUNER De filed within	BE C	296. SIGNATURE AND TITLE OF CERTIFIER	, -, -			29c. LICENSE NU	MBER		29d. DATE S	SIGNED (Mo	nth, Day, Year)
TO THE De filed IMPOR	TO B	1 heodore 1	1. King . a			o.c.	M.E.	SEF	TEMB	ER 2	7, 1994
.1/		30. NAME AND ADDRESS OF PERSON WHO	1/								
1		31. DATE FILED (Morth, Day, Year)	11 12. REGISTRAR'S SIGNATU	1 Penn S	Stree	et. Bal	timo	re, M	Maryl	and	21201
		OCT 0 3 1994	Airi Danison Rom								

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within completely filled in by the funeral director, page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTM	MENT OF HEALTH AND MEI CATE OF DEATH	NTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle,	Honeyblue		DATE OF DEATH MONTH DAY YEAR						
-	4. SOCIAL SECURITY NUMBER			DATE OF BIRTH (Month, Day, Your)	IRTHPLACE (State or Foreign ountry)					
<u>«</u>	Se FACULTY NAME (II not institution,	9c. COUNTY C	DF DEATH							
DIRECTOR	RESIDENCE OF DECEDER		TOWN OR LOCATION	-						
	Md	B	Allimore		10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{NO} \)					
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY 21218 USQ									
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC O		RACE — American Indian, Black, Whita, atc.					
YB O:	3 Widowed 4 Divorced 15. DECEDENT	1	1 TYES 2 NO Specify:	18b, KIND OF BUSINESS/INDUSTR	37ack					
LETE	(Specify only highest Elamentary/Secondary (0-12)	(Give kind of work life. Do NO) use n	k done during most of working etired.)	100, KIND OF BUSINESS/INDUSTR	**					
once.	17. EATHER'S NAME (First, Migdle, La		nemaler 18. MOTHER'S NAME (First, Middle, Maigen Surname)						
111 m	Ce CI HO 19a. INFORMANT'S NAME (Type/Print	neyblue	May	y Jones						
To notif	Mary Hon	e46/ve 4044	PERMORA AVE	70 11 11 1	21213					
must b	20e. METHOD OF DISPOSITION 1 September 2 Cremelton 3 C 4 Donellon 5 Other (Specify			BATE 20c. LOCATION - City of	oy Town, State					
examiner must be notified	21. SIGNATURE OF FUNERAL SERV	CE LICENSEE	22 NAME AND ADDRESS OF FACILITY	"Russ	(/ 11) 1					
ical exi	23. PART/I. Entar tha disease:	s, or complications that caused the death. Do not	after the mode of dying, such as	rth Que Bal	To Md 21216					
he medical	shock, or haart fa IMMEDIATE CAUSE (Final disease or condition	liura. List only ona cause on each line.		→	Interval Between Onset and Death					
event, the	resulting in death)	a. DUE TO (OR AS A CONSEQUENCE OF):	al hemisphere) . (R) hemage	her 45 days					
Matic e	Sequentially list conditions,	(K) caroled ordered vecturion (8/30/94) - studie								
other traumatic	cause, Entar UNDERLYING CAUSE (Disease or Injury	c. Chemisphere str.	ohe (9/24/94)							
5 E	that initiated events resulting in death) LAST	d								
AL AL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ditions contributing to death but not resulting in	tha underlying cause given in Par	t I. 24a. WAS AN AUTOPSY PERFORMED?	24b, WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO					
shows any : MEDIC	Hypertension			1 TYES 2 NO	COMPLETION OF CAUSE OF DEATH?					
AN: N	DID TOBACCO US	SE CONTRIBUTE TO CAUSE OF E		X						
ed, or item 23 PHYSICIAN	EXAMINER?	HOSPITAL: 0	28. PLACE OF DEATH (Check of THER: Nursing Home 5 Residence 8							
-36	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investig			d. DESCRIBE NOW INJURY OCCURE	D					
28 is mar TED BY	2 Accident Investig 3 Suicide 6 Could n 4 Nomicide detarmin	28a. PLACE OF INJURY — At home, ferm, stre building, atc. (Specify)	et, factory, office 281	I. LOCATION (Street and Number or Ru City or Town, State)	ural Route Number,					
7 2		PHYSICIAN: To the best of my knowledge, death occurred a	at the time, date end plecs, and due to t	he cause(a) and menner ee stated.						
13	2 MEDICAL EX	AMINER: On the basis of examination and/or investigation,			, ,					
IMPORT TO BE		Mo	93 0 3 4	29d. DATE SIG	New (Month, Pay, Year)					
F	30. NAME AND ADDRESS OF PERSO	ON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pr	Wolfe St. Ba	Himore, MD	2/23/					
	31. DAYS ET ET MOTT 3 1994	32. REGISTRAR'S SIGNATURE	V. V. C 31.	J. J.						
		Juis Davien Rusur								

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		letely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
		it permit.
020	physician.	burial-trans
215-0	attending	use as the
ND 21	hospital or	tached for I
BALTIMORE, MARYLAND 21215-0020	ithin 24 nours after death. Page 6 may be retained by the hospital or attending physician.	hould be de
E, M	ay be ret	page 5 s
IMOR	Page 6 m	director,
ALT	death.	funeral
8	ours after	etely filled in by the
	2 110	/ filled
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at it

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

W:11iam S. Iampieri

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

2. DATE OF DEATH MONTH DAY

OCTOBER 2

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH													
	William S. Iampieri pctober 2, 1994											м		
1	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In	n yrs. last birt		NDER 1 YEAR	_	R 24 HRS.	7. DATE OF BIRTH			HPLACE (State or Foreign	\dashv
	213-09-7314		1 📉 M 2 🗌 F	82	,	YRS, MON	THS DAYS	HOURS	MIN.	(Month, Day, Year) 12-02-191			sylvania	
	9e. FACILITY NAME (If not in	stitution, give s	treet and number)		-	9b.	CITY, TOW	OR LOCAT	ION OF D		9c. COU			\neg
DIRECTOR	4940-3 Dors	ey Hal	1 Drive			E	Ellicott City Howard					rd	_	
) m	10e. STATE	10b. COUNTY	1		10	Oc. CITY, TO	WN OR LOC	ATION					10d. INSIDE CITY	\neg
ā	Maryland	Howar	d		I	Ellic	ott C	ity					LIMITS? 1 YES 2 NO	
AL	10e. STREET AND NUMBER							of. ZIP CO	DE		10g. CITI	ZEN OF	WHAT COUNTRY?	
E .	4940-3 Dors	ey Hal	1 Drive					210)42		US	A		
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 X		12. WAS DECEDEN FORCES? 1	T EVER IN	U.S. ARMED		13. WAS D	CENDENT	OF HISPA	NIC ORIGIN? (Specify Yearn, Puerto Ricen, atc.)	or No-	14. RAC	E — American Indian, k, White, etc.	\neg
₽	1 Never Merried 2 A		IF YES, GIVE V					S 2 X NO				Spec		
8	15, DEC (Specify onl	EDENT'S EDU	CATION completed)		18e. DECED	ENT'S USUA	AL OCCUPA	TION	ina	16b. KIND OF BUS	SINESS/IND	USTRY		\neg
9	Elementary/Secondary (6)-12)	College (1-4 or 5	+)	life. Do	NOT use reti	red.)	node of viori	mig					- 1
M P	9th.				Sa1	les				Retai	.1			
COMPLET	17. FATHER'S NAME (First, M									ME (First, Middle, Meiden			-	\neg
BE		Iampie	ri					Maı		C. Fratto				_
ဥ	19a. INFORMANT'S NAME (Route Number, City or Tow			21042	,
	RCISE M.	<u>Iampie</u>	rı						LI Dr	rive Ellic				
	1 X Burial 2 Crematic	on 3 🗌 Reme	oval from State	_ Cr	PLACE AND stery, cremeto est I	DATE OF DIS DAY OF Other DI DAWN N	sposition (lece) 1emor :	Name of ial G	arde	n 10/5 Syk	cation — esvil	City or To	wn, State Maryland	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENGEE				22. NAME	AND ADDR	ESS OF FA	David	J. W	eber	Funeral F	Ion
	Mar	إلا	- ms	Puc	/		5311	Edmo	ndso	n Ave. Bal	timor	e, l	Maryland 21229	
	23. PART T. Enter the d shock, or h	iseases/or o	complications the	et ceuaed	the deeth.	. Do not e	nter the n	ode of d	ying, suc	h as cardlec or respi	ratory arr	est,	Approximate interval Between	
	IMMEDIATE CAUSE (FI					. /	- /	1 1		,			Onset and Da	
	disease or condition	→	DITT	use	mi	xed	cell	14	Jul	home			Smoni	1/45
			DUE TO	(OR AS A	CONSEQUE	NCE OF):								
NO	Sequentielly list condit	iona.	b	/OD 10 1										
CERTIFICATION	If any, leading to imme ceuse. Enter UNDERLY	diete	DUE 10	(OR AS A	CONSEQUE	NCE OF):								
FIC	CAUSE (Disease or injuthat initieted evente		C. OUE TO	(OR AS A	CONSEQUE	NCE OFI:								-
E	resulting in death) LAS	T												
			u										1	
MEDICAL	PART ii. Other significa	int condition	e contributing to	death bu	it not resu	Iting in th	e underly	ng ceuse	givan in	Part I. 24a. WAS AN PERFOR		24b	. WERE AUTOPSY FINDING	GS
DIG.	/ransitim	a ci	el Clad	des (canco	u, c	ilrea	415	i Ill	JETUN 1 UYES 2	NO		COMPLETION OF CAUSE OF DEATH?	
ME													1 YES 2 NO	
	DID TOBACC		CONTRIBUTI	: TO (CAUSE	OF D	EATH	YES [] NO					
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEOICAL	HOSPITAL:			OT	26. HER:	PLACE OF	DEATH (Ch	eck only one)				
YSI	1 TYES 2 NO		1 Inpatient 2	☐ ER/Outpa	ntlent 3 🗆 (me 5 F	teeldence	8 Other (Specify)				
F	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, C		28	b. TIME OF		JURY AT		28d. DEŞCRIBE HOW I	NJURY OC	CURED		
ΒY		Investigation						YES 2	□ NO					
		Could not be	28e. PLACE C building,	of INJURY - atc. (Specif	— At home,	ferm, street	factory, of	lca		28f. LOCATION (Street in City or Town, State)	and Number	or Rural i	Route Number,	
E E														
COMPLETED										to the cause(e) end mer				
S S	one) 2 MEO	ICAL EXAMINE	R: On the beels of e	xamination	end/or Inves	etigation, in	my opinion	death occ	ured at the	time, data end place, en	d due to th	e cause(e) end menner ee stated	
ш	29b. SIGNATURE AND TITLE	OF CERTIFIER	1/11					29c. LIC	CENSE NUI	MBER	29d. DAT	E SIGNE	(Month, Day, Year)	\neg
0	tin	~~	Viene	CUD					214	161	> /	10-	3-94	
1 0	30. NAME AND ADDRESS OF	NOOK	O COMPLETEO CAU	SE OF DEA	TH (ITEM 27	(Type, Print	11-12	pp (nlan	161 nbia Mi	d 2	10	41	
	31-DATE-FILED (MINITED	/	AND PRESIDENCE	SIGNA	QURE	-41	J-1/6		VI U1	וויין שולטובייו	-(2	7	, ,	\dashv
	001 0 3 199	4 your	w animaries.	- Carola	4									

TALLE LAND MEET IN THE

		1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIFI	TMENT OF H	HEALTH AND		HYGIENE REG. NO.				
	- 3	1. OECEDENT'S NAME (First, Middle, Last)			JONE:	c	2. DATE OF	F OEATH DAY	Y	SAR 3.	TIME OF DEATH	
		FLORINE 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. lest birthday)	IF UNDER 1 YEAR		SEP				0:57 a.	
pin		214 54 0212	1 M 2 🕸 F 4		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, L	15 50	0 M	ary1	and	
. 2. 3 should	стоя	90. FACILITY NAME (If not institution, give street and number) 10PKINS BAYVIEW MEDICAL CENTER BALTIMORE CITY 10PKINS BAYVIEW MEDICAL CENTER BALTIMORE CITY 10PKINS BAYVIEW MEDICAL CENTER BALTIMORE CITY 10PKINS BAYVIEW MEDICAL CENTER BALTIMORE CITY										
ft. Pages 1,	DIREC	Maryland N/	A	10c. CITY	Balti						d. INSIDE CITY LIMITS? YES 2 NO	
n. ansit permit.	FUNERAL	100. STREET AND NUMBER 7232 Jimrowe Co	urt		10	21237		11		OF WHA	T COUNTRY?	
1215-0020 or attending physician. r use as the burial-transit	B	1]. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 1 NO	If yes, sp	CENDENT OF HISPAI ecity Cuban, Maxica 2 NO Specif	in, Puerto Ric		No- 14.	Black, W	American Indian, hite, atc. 31ack	
Spital ed fo	PLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)		Give kind of w (Give kind of w life. Do NOT use		ON ost of working	16b. K	IND OF BUSIN	ESS/INOUS	TRY		
of the pe det	SE COMPL	17. FATHER'S NAME (First, Middle, Last) David L. Jones 18. MOTHER'S NAME (First, Middle, Meiden Surname) Novella Stokes										
ay be retained page 5 should be notified	TO B	James Richardso	on			Lane Ba					d 21229	
me 6 m		20e. METHOD OF DISPOSITION 17 Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State cemen	ery, crematory or other term		emeter		QII ZI	nsvi			
SAL r death re fune al.		-/ //**	uris		Chat	man-Hai	52 ris	F/H B	alti	mor	own Road e,Md2121	
ely filled in nation, or re		23. PART A. Enter the diseases, or conshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	st only one cause on each	tha death. Do n	ot anter tha mo	de of dying, auc	h as cardia	c or respirat	ory arrest		Approximate interval Batween Doset end Death	
ecuted nd com bunial,	NOI	Sequentially list conditions,	DUE TO OR AS A C	ONSEQUENCE OF					9_			
death certificate be extending physician a ental Hygiene prior to iny, or other traum:	ERTIFICATION	If any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
the death certif the attending the mtal Hygier injury, or oth	CER	C.										
5 # # 5 E	EDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 □ NO							AVA COI OF	RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE DEATH?		
w rec	Σ	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YE	S NO	UNCERTAII	N D			12	XYES 2 NO	
Certificate has the State Dep	PHYSICIAN:		26 HOSPITAL: Inpatient 2 ER/Outpati	PLACE OF OEAT	OTHER:	e 5 Residence	e 🗆 Other /S	Pacciful .				
ATTENDING PHYSICIAN: ECTOR: After this certificals after death with the St.	РНУ	27. MANNER OF OEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	E OF 28c. INJ	URY AT		RIBE HOW INJU	JRY OCCUR	ED		
Affer the death of	р ву	2 Accident investigation 3 Suicide 6 Could not be	280. PLACE OF INJURY -		treet, fectory, offic	YES 2 NO	28f. LOCATI	ON (Street and	Number or I	Rural Route	Number,	
OR ATTEND DIRECTOR: / mours after item 28 Is	ETEC	4 Homicide determined	building, etc. (Specify,	Hou	NE		723	Town, State)	ROWE	G.	Resto.	
THE FUNERAL DRE FILE FUNERAL DIRE FILE WITHIN 72 FOURS PORTANT: 11 item	COMPLETE	MEDICAL EXAMINER	AN: To the best of my knowled On the basis of exemination s							iuse(a) and	d manner as stated.	
물 물 절 등	BE	290. SIGNATURE AND TITLE ON CERTIFIED)A			O.C.M		2			onth, Day, Year)	
₽₽₩	10	30. NAME OND ADDRESS OF PRESERVITOR	OMPLETED CAUSE OF DEAT			eet, Ba		ore.				
		31. DATE FILED (Month, Day, Year) OCT 0 3 1994	32. REGISTRAR'S SIGNATION OF THE STATE OF TH	URE	501	JULY 100						

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by the hospital or attending physician	d be detached for use as the burial-tra		1 at once.
SICIAN: The law requires that the death certificate be executed within a mous and cauth. Page 6 may be retained by the hospital or attending phys	ate has been signed by the attending physician and completely filled in by the furnament director, page 5 should be detached for use as the burial-transit permit. Pages 1 2 3 should be detached for use as the burial-transit permit. Pages 1 2 3 should be detached for use as the burial-transit permit.	r removal.	I, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
th certificate be executed within a now	ending physician and completely filled	tate Dept. of Health and Mental Hygiene prior to burial, cremation, or new	or other traumatic event, the m
YSICIAN: The law requires that the dea	s certificate has been signed by the att	th the State Dept, of Health and Menta	ed, or item 23 shows any injury,
TO THE HOSPITAL APPRENDING PHY	TO THE FUNERAL DIRECTOR Ther this	e filed within \$2 har sam in ceath wi	MPORTANT: It isom 28 is marke

TO BE COMPL

	94 28892
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
CTOR	1. OECEDENT'S NAME (First, Middle, Last) CHERYL JONES 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 98. FACILITY NAME (# not institution, give street and number) 99. FACILITY NAME (# not institution, give street and number) PALITY NAME (# not institution, give street and number) RESIDENCE OF DECEDENT 2. DATE OF DEATH MONTHS SEPTEMBER 29 1994 4.35 PM 5. BIRTHPLACE (State or Foreign CONTY) 96. CITY, TOWN OR LOCATION OF DEATH BAI TIMORE CITY RESIDENCE OF DECEDENT
BY FUNERAL DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10a. STREET AND NUMBER 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO 1 YES 2 NO 1
TO BE COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Last) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumeme) LCTOY JONES 19e. INFORMANT'S NAME (Type/Fint) 19b. MAILING ADDRESS (Speed and Number or Rural Floute Number, City or Town, State, Zip Code) LCTOY/Q JONES 19c. INFORMANT'S NAME (Type/Fint) 19b. MAILING ADDRESS (Speed and Number or Rural Floute Number, City or Town, State, Zip Code) LCTOY/Q JONES 19c. INFORMANT'S NAME (Type/Fint) 19c. INFORMANT'S NAME (Type/Fint) 19c. INFORMANT'S NAME (Type/Fint) 19c. INFORMANT'S NAME (Type/Fint) 19c. INFORMANT'S NAME (Type/Fint) 19c. INFORMANT'S NAME (Type/Fint)
	202. AMETHOD OF DISPOSITION 1 Signature of Funeral Service Licensee 21. Signature of Funeral Service Licensee 22. Name and address of Facility USS fun eral HM 22. Name and address of Facility USS fun eral HM 22. Name and address of Facility USS fun eral HM 22. Name and address of Facility USS fun eral HM 22. Name and address of Facility USS fun eral HM 22. Name and address of Facility USS fun eral HM 22. Name and address of Facility USS fun eral HM
	23. PART Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrast, above, or heart failure. List only one cause on each line. Approximate interval Batween Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. ACQUICD I MMUNE DEFICIENCY 5 YND ROME 2 YEARS)
PHYSICIAN: MEDICAL (PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 1 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN
BY PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO
TED B	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

S. WAS CASE REFERRE	D TO MEDICAL		26. PLAC	E OF DEA	TH (Check	conty one)		
1 YES 2 NO			OSPITAL: OTHER: Impetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)					
Natural 5	Pending Investigation		28e. DATE OF INJURY (Month, Day, Year)	28b. Tilv IN.	E OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY O	CCURED
2 Culaida	Could not be determined	28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

31. DATE FILED (MONTH), Day, Year)

OCT 0 3 1994

DHMH-16 Rav 1/69

Pages 1, 2, 3 should

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CERTIFICATION

MEDICAL

PHYSICIAN:

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1X YES 2 □ NO

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Investigation

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8 Could not be

27. MANNER OF DEATN

Accident

1 Natural 2 Acciden

3 Suicida

4 Nomicide

29a. CERTIFIER

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

permit. ours after death. Page 6 may be retained by the hospital or attending physician. If in the furneral director, page 5 should be detached for use as the burial-transit use as the L once. notified at e must the medical examiner and completely filled in by the burlal, cremation, or removal. traumatic event, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed or and prior to the attending physician Mental Hydiene prior to or other Hygiene Injury, signed by the shows any has been s Dept. of H 23 this certificate has with the State Dirked, or Item Item marked, After t 69 DIRECTOR: A 28 Rem THE HOSPITAL THE FUNERAL D TO THE HOSPITAL
TO THE FUNERAL I
De filed within 72 h
IMPORTANT: If I

94-5238-510 94 28893 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN SEPT 12 CHARLES **JENKINS** 3:53 P 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign MONTHS DAYS HOURS MIN 1 XM 2 F 6-20-27 67 VDC 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR 21 N.GILMOR STREET BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore na 1 YES 2 NO FUNERAL 104 STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21 N. Gilmor St 21223 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Maxican, Puarlo Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced Black 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18a. DECEDENT'S USUAL OCCUPATION 16h, KIND OF BUSINESS/INDUSTRY (Give kind of work done life, Do NOT use retired.) ᆸ Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) ocme 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, Stata 1 Burial 2 Cremation 3 Removal from State 4 □ Donation 5 □ Other (Specify) in State emova1 Ronald Wade, Dir 22. NAME AND AGORESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE State Anatomy Board Do 655W.Baltimore St, Balto, MD 21201 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, ehock, or heert fellure. List only one cause on each lina. Interval Between IMMEDIATE CAUSE (Finel Onset and Daeth schooling Contingual Direct disease or condition HYPERTULE A resulting in death) Sequentially liet conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury QUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in death) LAST

PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY YES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 TES 2 NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** HOSPITAL:

28a. DATE OF INJURY (Month, Day, Year)

OTHER 1 | Inpetiant 2 | ER/Outpatient 3 | DOA

4 - Nursing Nome 5-Residence 8 - Other (Specify)

28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED 1 YES 2 NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

28a. PLACE OF INJURY — At homa, farm, atreet, factory, office building, atc. (Specify)

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(s) and manner as stated.

28b. TIME OF

2 👽 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

11 Aire 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

O.C.M.E.

SEPT 13,1994 111 Penn Street, Baltimore, Maryland 21201

MI HEDDORE 31. DATE FILED (Month, Day, Year) 994 32. REGISTRATE SIGNATURE

TO THE HOSPITAL OR ATTENDING PRISHDAN. The are requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR ASSESSMENT ASSESSMENT OF BOARD OF THE ASSESSMENT OF ASSE

1 - STATE REGISTRAR
1. DECEDENT'S NAI
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4. SOCIAL SECURIT
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9a. FACILITY NAME
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10e. STREET AND N
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11. MARITAL STATUS
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF DEATH		VEAG	3. TIME OF DEATH
1	RENJAMIN N.									10 01 94		94	06:15 A m
	4. SOCIAL SECURITY NUME	- 4 1	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		a. BIRTH	IPLACE (State or Foreign
	213-14-9952 ¹⅓™²□F 89						CONTHIS DAYS HOURS MIN. Feb. 26, 1905 Ma				Mar	ÿland	
_	9a. FACILITY NAME (If not in							OR LOCATI		EATH	9c. COU	NTY OF D	
DIRECTOR	NORTH ARUN		SPITAL A	SSOCIATI	ON	GL	EN B	URNI	E			A.A.	COUNTY
E C	10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN C	OR LOCAT	ION					10d. INSIDE CITY
F	Maryland	Anne	Arunde	1	G1	en 1	Buri	nie					LIMITS?
AL.	10e. STREET AND NUMBER						101	. ZIP COD	E		10g. CIT	IZEN OF V	WHAT COUNTRY?
ER	330 Well1	ham A	venue					2106	1		U.	S.	Α.
FUNERAL	11. MARITAL STATUS	VIII		T EVER IN U.S. ARI		13.	WAS DEC	ENDENT C	F NISPAN	IIC ORIGIN? (Specify Yea		14. BAC	E — America <i>n</i> Indian, k, White, atc.
ВУ	1 Never Married 2 3 Widowed 4 Divo			MAR OR DATES								Spec	ity:
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립	Contential y/Secondary (u	-121	Conege (1-4 or 5		lf E	mp1	oye	1					Business
Š	17. FATHER'S NAME (First, M.	liddle, Last)			-			16. MOTI	HER'S NAI	ME (First, Middle, Meiden			
BE	Oliver Ke	eene						Sar	ah :	Elizabeth	n Ka	ne	
0	19e. INFORMANT'S NAME (7)		,							Route Number, City or Town			
-	Carolyn I			-					ve.	Baltimo	_		
	20a. METHOD OF DISPOSITI		oval from Stata	20b. PLACE A cemetery, cred	NODATE	of Dispos ther place)-	TION (Na	me of	Pk.	10/5 Lat	cation –	City or To	wn, Stata
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	CENSEE							Jones, Ji			
	* Denia	ada	mo J	the !		Ma	arsı 101	naıı Edm	w. ond:	Jones,Ji son Ave.	c. F Bal	un.	Hm P.A. MD 21229
	23. PART I. Entar the di	seeces, pr	complication in the	t ceused the de	eth. Do	not enter	the mo	de of dyl	ng, sucl	h ae cerdiac or reepi	ratory er	rest,	Approximate
	IMMEDIATE CAUSE (Fin	iei		0									Interval Batween Onset and Deeth
	diseese or condition resulting in death)	→	a. Ant	mone	Ly	elle	ma.						
			DUE TO	(OR AS A CONSEC	UENCE O	F):	al.	0	1		1	1- 2	
CERTIFICATION	Sequentially list conditi	iona,	b. DUE TO	(OR AS A CONSEO	UENCE O	70 34 F):	pra		irigo	randeal	ny	arit	
S	If any, leading to immediates. Enter UNDERLYI	NG	c								V		
	CAUSE (Disease or Inju thet Initiated events		DUE TO	(OR AS A CONSEO	UENCE O	F):							
	resulting in death) LAS		d										
	PART II. Other significa	nt condition	e contributing to	death but not re	sulting	In the un	derlying	cause o	iven in	Pert I. 24s. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
MEDICAL	100									PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
밀			- acut	40 1	sell	1 1011	Â			1 TYES 2	II NO		OF DEATH?
	DID TOBACCO U								FRTAIN				1 YES 2 NO
HA	25. WAS CASE REFERRED TO EXAMINER?					TN (Check o	_	0110	L(()/())	, 0	-		
SK	1 YES 2 AND		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		• 5 □ Re	sidence	6 Other (Specify)			
Y PHYSICIAN	27. MANNER OF DEATH	21	28a. DATE OF (Month, D	INJURY ay, Year)	28b. TIM	E OF URY	28c. INJI WO			28d. DESCRIBE HOW II	JURY OC	CURED	
7		Pending Investigation				М	1 🗌 Y	'ES 2 [NO				
G		Could not be	28a. PLACE O building,	F INJURY — At hor atc. (Specify)	ne, ferm,	street, fecto	ory, office			28f. LOCATION (Street a City or Town, State)	nd Number	or Rural F	loute Number,
COMPLETED										<u> </u>			
ď										to the cause(a) and man			
8				xamination end/or in	rveatigatio	n, I <i>n</i> my o	pinion, d	eath occur	ed at the i	fime, date and pleca, and	d dua to th	na cause(a) and manner as stated.
BE	29b. SIGNATURE AND THE	OF CERTIFIER	111	7	_			29c. LICE	NSE NUM	IBER	29d. DAT	E SIGNED	(Month, Day, Year)
0	TO NAME AND ADDRESS	14	0.00000					1)	8 5	2 6	7/	011	44
	30. NAME AND ADDRESS OF					,	D /M	ri i me	CVTI	IE MD 24	100		<u> </u>
	JAMES J.	RENO!	AMIN, M.L.)./653 UL	_U_M.	LLL K	IJ/M.	LLLE	SAIL	LE, MD 21	100		
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BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zerrours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by first within 72 hours after death with the State Deut, of Health and Mental Hodiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
2. nours aft	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire within 72 hours after death with the State Dect. of Health and Mental Hoolene prior to build, cremation, or removal.	the medica	
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PHYSICIAN	r this certific	arked, or	
ATTENDING	RECTOR: After	m 28 is m	
HOSPITAL OF	UNERAL DIF	ANT: If Ite	
TO THE	TO THE P	IMPORT	

	FOR STATE REGISTRAR	STATE OF MARY		TMENT OF H			IYGIENE REG. NO.		
0	1. DECEDENT'S NAME (First, Middle, Last) MARY KELLY 4. SOCIAL SECURITY NUMBER					2. DATE OF MONTH	DEATH DAY	94	3. TIME OF DEATH
	217-26-0677 A	5. SEX 6. AGI	E (In yrs. last birthday) 92 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 1 (Month, Di 9/9	BIRTH ny, Year) /1902	8. BIFT	HPLACE (State or Foreign try) Md
OR	9e. FACILITY NAME (If not institution, give stru Mercy Hospital	set end number)			or Location of DE			COUNTY OF I	DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md			y, town or Local	TION				10d, INSIDE CITY LIMITS? 1 SYES 2 NO
	10e. STREET AND NUMBER 20 S. Patterson Pa	ark Avenue		10	21231		10g.		WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 VE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexical 2 NO Specify	n, Puerto Rica		— 14. RAC Blac Spec	
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give kind of all the Do NOT us	usual occupation work done during more retired.)	ON st of working	16b. KIP	ND OF BUSINESS		white
BE COM	17. FATHER'S NAME (First, Middle, Last) Wenceslaus Bibel		1. 1	akei	18. MOTHER'S NA		lle, Maiden Suman	akery	
5	190. INFORMANT'S NAME (Type/Print) Patrick Kelly		19b. MAILING 8045	Gray Ha	and Number or Rural F	Route Number,	City or Town, State	21222	2
	20e. METHOD OF DISPOSITION 1 Grantel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	vel from State	ob. PLACE AND DATE: emetery, cremetory or o Oak Lawn C	of Disposition (Ne ther place) emetery	nme of	10/5	20c. LOCATION Baltin		
	21. SIGNATURE OF FUNERAL SERVICE LICE LULLED TIL	MREE	00550	22. NAME AI Morar	ADDRESS OF FAI	Funera	al Home	, Inc	o. Md. 21224
	23. PART I. Enter the diseases, or co shock, or heart failure. L IMMEDIATE CAUSE (Final	omplications that caus lat only one cause on	ed the death. Do o	not antar tha mo	da of dying, suc	h as cardisc	or reapiratory	srrest,	Approximata Interval Between Onset and Death
		SEPS DUE TO (OR AS	S A CONSEQUENCE O	F):				_	
ATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS	MO HA	F):					
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in desth) LAST		A CONSEQUENCE O						
MEDICAL CE	PACEMAKON PERFORMED? AMAI							b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: N	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
	27. MANNER OF DEATH 1 Milhursi 5 Pending	y 28b. TIM	4 Nursing Hom E OF 28c. INJ	URY AT PRESIDENCE PRES		BE HOW INJURY	OCCURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, ferm, pecify)			281. LOCATIO City or R	ON (Street end Nui own, State)	mber or Rural	Route Number,
COMPLETED		ZAN: To the best of my kno							e) end manner ee stated.
BE	296, SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN				D (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Print)					-

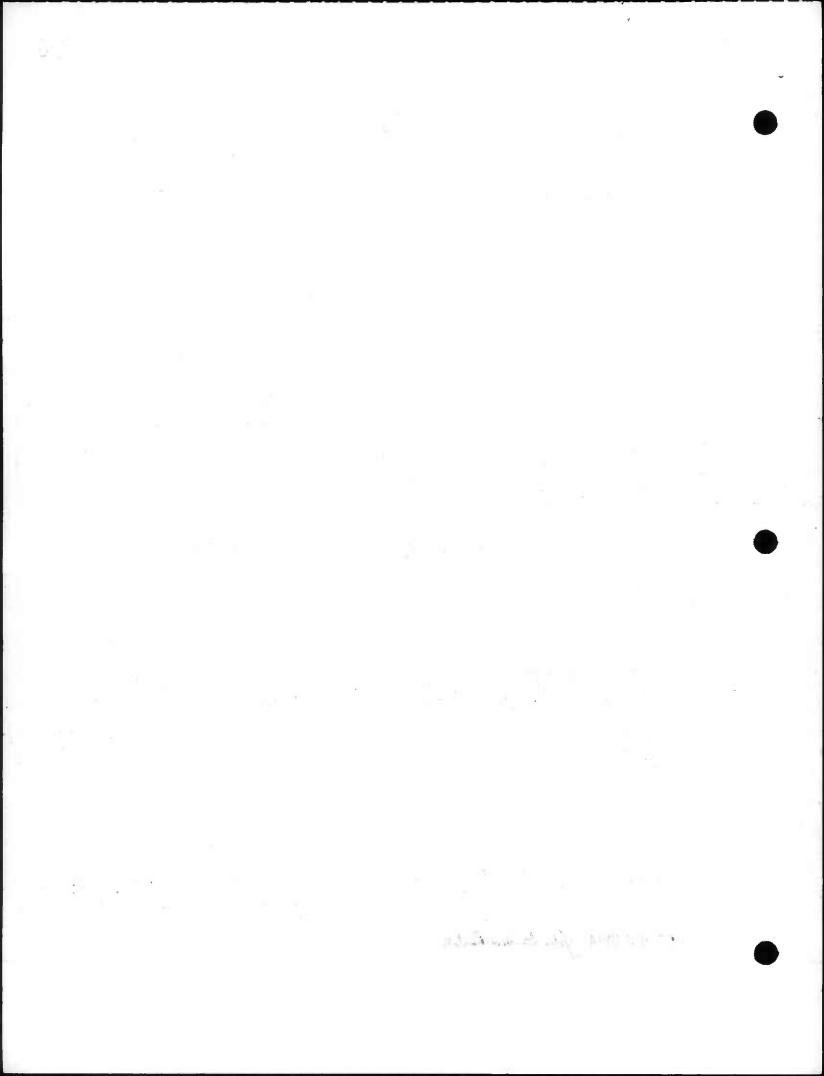
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DIVISION OF VITAL RECORDS. P.O. BOX 68

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

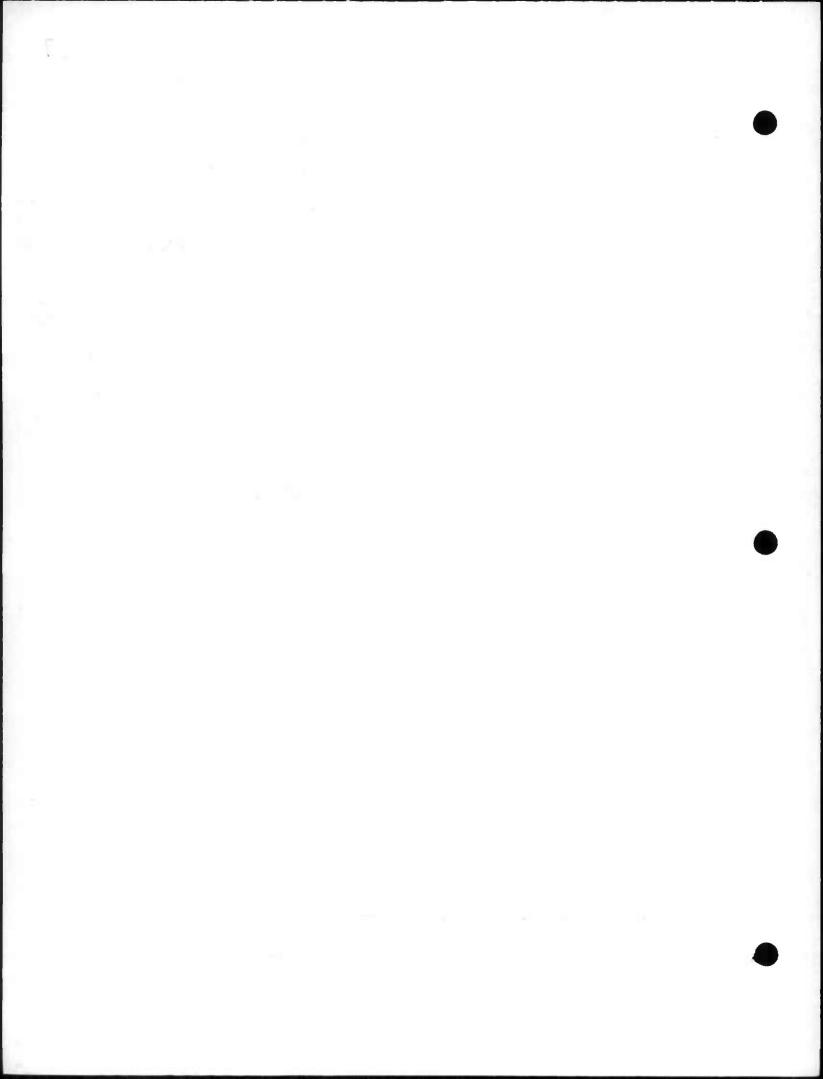
TO SHOW THE PROPERTY BOUNDAINS AND THE PROPERTY			REGISTRAR		CERTIF	ICATE O	FUEAIH	REG. NO		
212-05-2733			1. DECEDENT'S NAME (First, Middle, Lest)	LEE K	EFF	ER			-94 YEAR	3. TIME OF DEATH 0 150 Am
TO SERVICE OF THE STATE OF THE								7, DATE OF BIRTH (Month, Day, Year)	Cou	
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MIMEDIAL CAUSE (Fine disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR	B after after by the moval.	\dashv	23. PART I. Enter the diseases of	complications that cause	d the death. Do	O311	Edmonaso	n Ave. Bal	timore,	Maryland 212
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296. SIGNATURE AND TITLE OF CERTIFIER WELLEY M. D. 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, You DILYAB	S S S S S S S S S S S S S S S S S S S	PLE	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	ledge, death occurr	ed at the time, de	ate and place, end due	to the cause(e) end mai	nner se stated.	
296. SIGNATURE AND TITLE OF CERTIFIER WELLEY M. D. 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, You DILYAB	DSPITA INERAL Inti 72	NO.								o(a) end manner es stated.
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) JANEL I. WELLIVER M.D. WESTMINSTER M.D. 71	O THE H(D THE FU P filed will	B	29b. SIGNATURE AND TITLE OF CERTIFIEF	WODDIP.	MI	7	29c. LICENSE NUI	LIAL	29d. OATE SIGNI	O (Month, Day, Year)
WESTMINSSER NID 21	F F A =	2	30. NAME AND ADDRESS OF PERSON WHI	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print) q	IZMA	SHINGTO	NU 120	AP
31. DATE FILEO (Month, Day, Year) 32. DEGISTRATIS SIGNATURE OCT 0 3 1994 Julia Murilar Market			31. DATE FILEO (Month, Day, Year) OCT 0 3 1994 Jalia	32. BEGISTRANS SIGN	IATURE	In V	WES	DYTTYS	1-01 N	IV 2115/



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

AN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	PAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		🗎 liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ours after death.	I in by the funera	or removal.	nedical exami
ned with	completely filled	al, cremation, c	event, the n
icate be execut	physician and o	le prior to buri	er traumatic
e death certifi	he attending ;	Mental Hygien	jury, or oth
quires that th	in signed by t	of Health and	nows any in
N: The law re	ficate has bee	State Dept. o	item 23 st
ING PHYSICIA	After this certil	leath with the	marked, or
ON ATTEND	DIRECTOR: 4	hours after d	Item 28 is
E	菱	N.	=

	REGISTRAR		CE	RTIFIC	CATE OF	DEATH	1	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATH		3	. TIME OF DEATH
- 1	THOMAS .TO	SEPH	K)	ENNED	Y		9	MONTH 29	,	94	7:05 p m
- 1	4. SOCIAL SECURITY NUMBER	5, SEX	8. AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER 24	MDS 7	DATE OF BIRTH			ACE (State or Foreign
	15.005-25.000.000	1, M 2 F	or real (in year mor		ONTHS DAYS			(Month, Day, Year)	- 1	Country)	LAGE (Stelle or Poreign
	304-09-4044		90	THS.			A	UG. 9. 19	0.4	WISC	ONSIN
- 4	9e. FACILITY NAME (If not institution, give s	treet and number)			BB. CITY, TOWN	OR LOCATION	OF DEATH		9c. COUN	TY OF DEA	TH
<u>بر</u>	Blakehurst				E OF ICE				-		
ΚI	RESIDENCE OF DECEDENT				TOWS)IV			В	ALTIM	ORE
DIRECTOR	10e. STATE 10b. COUNTY	,		t0c. CITY,	TOWN OR LOCAT	ION				1	Od, INSIDE CITY
E I	WISCONSIN			KEN	IOSHA					- 1	LIMITS?
											YES 2 NO
₹	100. STREET AND NUMBER	· -			101	. ZIP CODE	4.0		10g. CITIZ		AT COUNTRY?
曲	7206 SECOND AVENU	E			1	531	43			US	A
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARN	ED	13. WAS DEC	ENDENT OF H	HSPANIC C	ORIGIN? (Specify Yee	or No	14. RACE -	- American Indian, White, etc.
	1 Never Merried 2 Merried	FORCES? 1	YES 2 NO	0	If yes, sp	ecify Cuben, R	Mexican, Pu	uerto Rican, atc.)			
BY	3 Wildowed 4 Divorced	IF YES, GIVE Y	WIN OH DATES		I I TES	NO KX	Specify;			Specify:	
	15. DECEDENT'S EDU	CATION	160 DEC	EDENT'S II	SUAL OCCUPATION			16b. KIND OF BUS	W.E00 (W.O.		HITE
COMPLETED	(Specify only highest grade		(Giv	e kind of wo	rk done during mo	st of working		160. KIND OF BUS	INE 22/IND	USINT	
ا ۳	Elementary/Secondary (0-12)	College (1-4 or 5	+) Ima.	Do NOT use	гөнгөд.)						
용	12	2	_ PH	ARMAC	IST			ELI	LILL	Y AND	CO.
0	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER	T'S NAME (First, Middle, Malden S			
	DEDNADO		729999	HD:*			******				
B	BERNARD SHAME (Type/Print)		KENN		DDDEcc (C)		HRYN		0	BUE	RNS
2	194 INFORMANT'S NAME (TABOPEIN)							Number, City or Town			
-				10503	LONGBI	RANCH	ROAD	COCKEYSV	ILLE	, MD.	21030
	200. METHOD OF DISPOSITION		20b. PLACE A	ND DATE OF	DISPOSITION (NE	ime of		DATE 20c. LOC	CATION —	City or Town	n, State
	1 Donation 5 ☐ Other (Specify)	oval from State	ST TA	MES C	EMETERS	7	10	/3/94 KEN	MEN	WIC	CINSIN
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1021 011			D ADDRESS			ODIIA	, 1115	CINDIN
		//						neral Ho	mo T	-na	
	11_1	11	1		1050	Vork	PA Fu	Towson,	Md 2	1204	
	23. PART I. Enter the diseases, or o	omplications the	t caused the dea	th Do no							1.0
	ahock, or heert fallure.	Liet only one cau	se on each line.		t differ the file				atory arre	est,	Approximata Interval Between
	IMMEDIATE CAUSE (Finsi					1116	-1416	ction			Onset and Death
	disease or condition resulting in death)	myco!	C MR DI	AL	EUY	1CT	UY	1			5m.
	resulting in death)	DUE TO	(OR AS A CONSEO	UENCE OF		, - , ,		<u> </u>		_	10/11/1
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CERTIFICATION	Sequentially list conditions,	b	(OR AS A CONSEC	HENCE OF		_					
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5	CAUSE (Disease or Injury	с									
=	that initiated evente	DUE TO	(OR AS A CONSEO	UENCE OF):							
E	resulting in deeth) LAST	à									ļ
8											
	PART ii. Other significent condition	s contributing to	death but not re	sulting in	the underlyln	g cause give	en in Par				VERE AUTOPSY FINDINGS
3	TURRIVI	- DYP	KMF	177				PERFORI			MAILABLE PRIOR TO COMPLETION OF CAUSE
	1/2/2/11	~ 0' 13	- ((0	d I dal				1 YES 2	NO		F DEATH?
MEDICAL										1	TYES 2 NO
ż	DID TOBACCO USE	CONTRIBUTE	E TO CAUS	E OF	DEATH Y	ES 🗇	NO [U			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				-	ACE OF DEAT		only one)			
3	EXAMINER?	HOSPITAL:	ER/Outpatient 3		Nursing Hon	6 E	lance of [Debas (Panalis)			
¥۱	27. MANNER OF DEATH	28e. DATE OF		26b. TIME					I HIPV OOS	HIDED	
	1 Natural 5 ☐ Pending	(Month, D		INJU	RY WO	RK?		d. DESCRIBE HOW IN	SUNT UCC	ONED	
B	2 Accident Investigation					YES 2 N	10				
0	3 Suicide 6 Could not be	26e. PLACE C	F INJURY — At hon atc. (Specify)	ne, ferm, str	eet, factory, offic	•	26	f. LOCATION (Street as City or Town, State)	nd Number	or Aural Roo	ute Number,
ш	4 Homicide determined							ony or lowit, orate)			
9 1	29e. CERTIFIER									-	
COMPLET	(Check only							he ceuse(e) end men			
one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceues(e) end member as							end mender as stated.				
	296. SIGNATURE AND ATLE OF CERTIFICE		/			29c. LICENS	E MIMOS	, T	204 DATE	SIGNED "	Month day Years
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2	Val		un			\cup	06	10		1/3	0174
F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE DEATH (ITEM	27) (Type, F	Print)						, ,
	Dr. Dan Sapir 9	E. Chas	E St. Ba	1time	ore. Md						
					JE, Mu	•					
- 1	OCT 0 3 1994	This Dans	IT SIGNATURE	Plan							
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funeral director, page 5 should be

OR TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after it	After CIDE. After this certificate has been signed by the attending physician and completely filled in by the
h certificate be	ending physicia Hygiene prior
that the deat	ed by the atte
e law requires	has been sign Dept. of Heal
PHYSICIAN: Th	with the State
TENDING	STOR: After safter death
3	1

31. DATE FILLED (Month, Day, 1)

Item # 1 Film # G 716 10-03-94 N.A. Per F uneral Home FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3 TIME OF DEATH Amv Sharpe- Littleton MONTH 9 24 94 Amv A SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 42 212-60-5893 1 M 2 X F YRS. Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH N/A DIRECTOR 3129 Elmore Avenue Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland N/A Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 3129 Elmore Avenue 21213 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 🔀 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. It yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR OATES 1 TES 25 NO Specify. Specify: Black BY 3 Widowed 4 Divorced COMPLETED 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ntary/Secondary (0-12) College (1-4 or 5+) 4 years 12 years Secretary once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Hugh Sharpe Lillie Rutledge Ħ H notified 19a. INFORMANT'S NAME (Type/Print) City or Town, State, Zip Code)
Baltimore, 9 Lillie B. Sharpe 3666 Foresthill Road pe 20c LOCATION — City or Town, State 94 Brooklyn, Maryland 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must 1 X Buriel 2 Cremetion 3 Removal from State 9 Hill 4 Donation 5 Other (Specify) Cedar Cemeterv 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADORESS OF FACILITY 5240 Reisterstown Rd Horris Chatman-Harris F/H Baltimore, Md21215 the medical 23. PART I. Enfer the diseases, or complications that caused the daeth. Do not enter tha mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart fallure. Liet only one ceuse on each line Interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) LUPUS ENYTHEMATOSUS 15TOMIC traumatic CERTIFICATION Sequentielly liet conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 shows any injury, PART II. Other significent conditione contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: NO P state Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only or **EXAMINER?** HOSPITAL OTHER 1 YES 2 NO 1 | Inpetiant 2 | ER/Outpetiant 3 | DOA Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28 is marked, 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(s) and menner as stated. TO THE BLINERAL TO THE BLINERAL De filed Juin 72 P. IMPORTANTE II IN 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNEO (Mortin, Day, Year)

9/26/9/ 29c. LICENSE NUMBER BE 2215 0 PLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

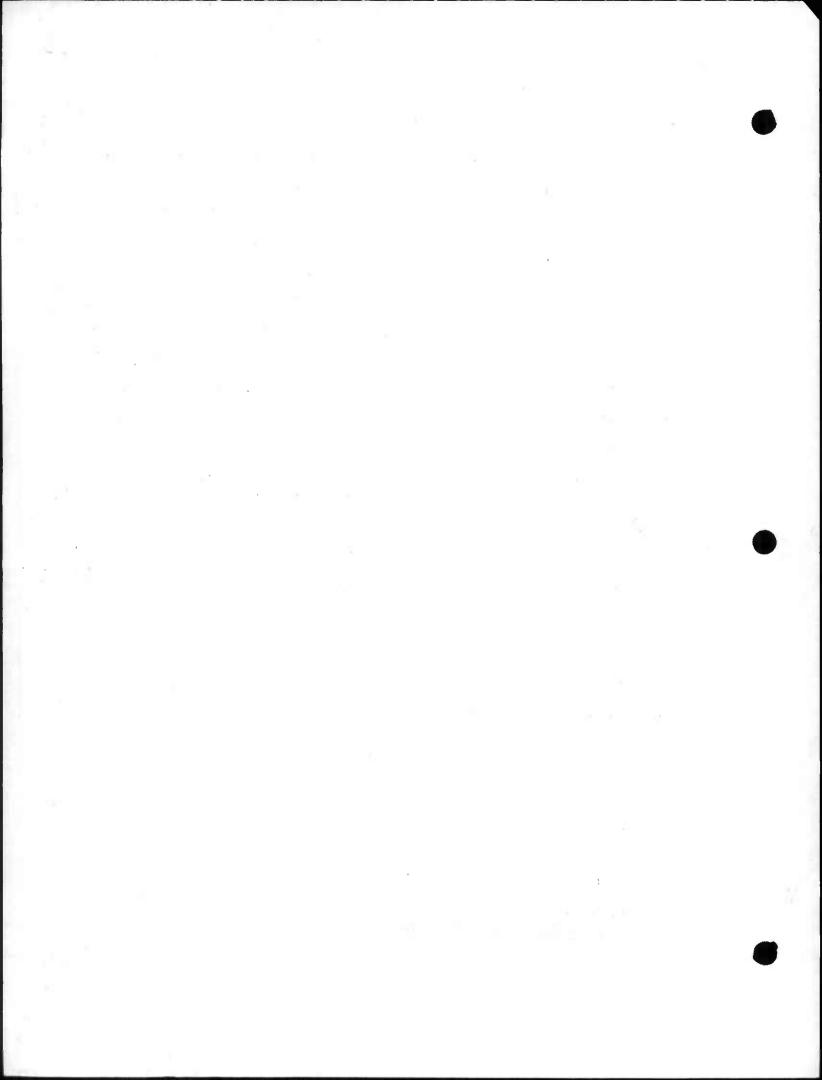
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours age from the State Dept. of Health and Mental Hydiene prior to burial. cremation, or removal. IMPORTANT: If here, 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	0				2. DATE OF CEATH	AY _YEAR	3. TIME OF DEATH
1 8	Vatrucia	M Sar	1000	/		9 3	9 94	19:02 11
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign ntry)
	215-28-1705	1 M 2 XF 64	YRS.	JAN 10	HOUNS WIN.	APRIL 2,19	30 MAI	RYLAND
·	90, FACILITY NAME (If not institution, give at				R LOCATION OF DE	EATH	9c. COUNTY OF	DEATH
ĕ	ST. AGNES HOSPITAI			BAL	ΓIMORE			
DIRECTOR	10a. STATE 10b. COUNTY	,	10c. CITY,	TOWN OR LOCAT	ION		-	10d. INSIDE CITY
금	MARYLAND		BA	LTIMORE				LIMITS?
AL	10e. STREET AND NUMBER		•	101	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	2423 ASHTON STREE	ΣT			21223		U.S.A	١.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			HC ORIGIN? (Specify Yen, Puerto Rican, atc.)	s or No- 14. RA	CE — American Indian, ick, White, atc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify			ocity: WHITE
	15. DECEDENT'S EQU	CATION	16a. DECEDENT'S U	SUAL OCCUPATION	M	485 KIND OF BU	SINESS/INDUSTRY	
	(Specify only highest grade Elementery/Secondary (0-12)	completed)	(Give kind of wo	rk done during mo	st of working	IOU. KIND OF BO	31NE33/1ND031N1	
<u> </u>	12TH GRADE	College (1-4 or 5+)	CLERK			PALET	INE FATH	IERS
COMPLETED	17, FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden		
ш	JOHN W. WIDMYER, S	R.			MILDRED	ADAMS		
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street a	nd Number or Rural I	Route Number, City or Tox	m, State, Zip Code)	
=	KYLE L. LANASA		2423 A	SHTON S	TREET - I	BALTIMORE,	MD. 2	1223
	20s. METHOD OF DISPOSITION 1 ← Burisi 2 □ Cremation 3 □ Remo		PLACE AND DATE OF		me of	OATE 20c. LC	CATION — City or	Town, State
	4 ⁴ Donation 5 D Other (Specify)	- GI	EN HAVEN	CEMETER	RY	10/3 G	LEN BURN	ITE
	21. SIGNATURE OF EURERAL SERVICE LIC	ENSEE,		HUBBAI	D FUNERA	AL HOME IN	С.	
	" Cut h	Lough	6			AVENUE-BAL		MD. 21229
	23. PART I. Enter the diseases, or o	complications that coused Liet only one couse on e	the death. Do no	t enter the mo	de of dying, auc	h as cardiac or resp	iratory arrest,	Approximate intervel Between
	IMMEDIATE CALICE /Floor	5 450000						Onset and Death
	disease or condition resulting in death)	. MASSIVE	CVA (C	EREBRO	VASCULA	R ACCIDE	NT	1 DAY
		DUE TO (OR AS A	CONSEQUENCE OF	Call) (5)
NO N	Sequentially list conditione,	DUE TO COR AS A	CONSECUENCE OF) (Althera)	selevoteco	ronary vesse	u discase	, week
TA.	Codse, Litter Ond Literard		CONSCOUENCE OF)	& KEC	ENT MYDI	CARDIAL IN	THELTION	
윤	CAUSE (Diseese or Injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF)	:				1
CERTIFICATION	resulting in death) LAST	d.						
	DART II. Other eignificant condition			16:0-4-4-19		1		
SAL	PART II. Other eignificent condition	s contributing to deeth b	ut not resulting in	the underlyin	g cause given in	Part I. 24a. WAS AN PERFO		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDIC/						1 YES	2 X NO	OF DEATH?
≥	DID TOPACCO LICE	CONTRIBUTE TO	CALLICE OF	DEATH :				1 TES 2 X NO
PHYSICIAN:	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	COMIKIBUTE TO	CAUSE OF		ACE OF DEATH (Ch			
S	EXAMINER?	HOSPITAL:		OTHER:				
¥	27. MANNER OF DEATH	28a. OATE OF INJURY	26b. TIME			8 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCURED	
	1 Natural 5 Pending	(Month, Day, Year)	INJU		PK? YES 2 NO			
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY	— At home, term, str	reet, factory, offic		261. LOCATION (Street		I Route Number,
	4 Homicide determined	building, etc. (Spec	агу)			City or Town, State)	
COMPLETE	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the beat of my know	ledge, death occurred	at the time, date	and place, and due	to the cause(s) and me	nner ee stated.	
N N	one!	R: On the basis of examination						e(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUI			EO (Month, Day, Year)
BE (Aclu Lias	. MEDICA	L RES	DENT		20	> 9	.29.94
일	30. NAME AND ADDRESS OF PERSON WH							. 47
	GILBERT CHIDI	AC, SAINT	AGNES	HOSP 17	AL, 900	CATUN AVE	SALTIF	1000, MJ, 21229
	31. DATE FILEO (MORTH, OF 10) 3 199	32. REC 1040	- Name - Name - Name - Name - Name - Name - Name - Name - Name - Name - Name - Name - Name - Name - Name - Na					



FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

Somthe Lewis 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. lest birthday) 7. DATE OF BIRTH
(Month, Dey, Year)
06-01-25 IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F DAYS HOURS MIN. 69 218-14-6901 YRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Geneva permit. Pages 1, 2, 3 tos Dito Westmenister 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION Maryland Carroll Co. Eldersburg FUNERAL 10a STREET AND NUMBER 101. ZIP CODE the funeral director, page 5 should be detached for use as the burial-transit 2138 Stillwater Ct. 21784 urs after death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yas or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 N Specify: 11. MARITAL STATUS BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married BY 3 🔀 Widowed 4 🗌 Divorced 18a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5 +) 11th Grade Fiscal Clerk 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Herbert Trail Bertie Estelle Trail BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Joyce Cobb 2138 Stillwater Ct. Eldersburg, MD pe 20s. METHOD OF DISPOSITION
1 🔀 Burlel 2 🗆 Cremation 3 🗀 Ramoval from State
4 🗆 Donation 5 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must Dorchester Memorial Park 9 - 28examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD medical 23. PART I. Enter the dieases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause on each line. à IMMEDIATE CAUSE (Finel the disease or condition DUE TO (OR AS A CONSCOURNCE OF): completely resulting in death) other traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760. burial, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION and Sequentially list conditions, attending physician are if any, leading to immediate ceuse. Entar UNDERLYING Sever Metubolic Acidosis CAUSE (Disease or injury that initiated events Acute Exacebation resulting in death) LAST signed by the atter Health and Mental 23 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL has been : Dept. of H PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one r this certificate has havith the State D **EXAMINER?** 1 TYES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: 1 ☐ Inpatient 2 EN/Outpatient 3 ☐ DOA ig Home S 🗆 Residence S 🗀 Other (Specify) 0 27. MANNER OF DEATH 25s. DATE OF INJUSTS (Month, Day, Year) 28c, INJURY AT WORK? marked, 26b. TIME OF INJURY Natural м 1 YES 2 NO DIRECTOR: After the hours after death v BY Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 69 COMPLETED 6 Could not be 28 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTI DE filed within 72 hours at IMPORTANT: It item 2 1 CENTIFYING PHYSICIAN: 29a. CERTIFIER 2 MEGICAL EXAMI 29b. SIGNATURE AND TITLE OF CERT 29c. LICENSE NUMBER BE 37949 2 DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRE 4 Juli Ornalum Handrelle

CERTIFICATE OF DEATH

94 28900 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG NO 14125 pm 2. DATE OF OEATH MONTH 3. TIME OF DEATH Maryland 9c. COUNTY OF OEATH Carroll 10d. INSIDE CITY 1 YES 2 1 NO 10g, CITIZEN OF WHAT COUNTRY? 14. RACE — American Indian, Black, White, atc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY State of Maryland 21784 20c. LOCATION — City or Town, State Cambridge, MD 21133 Approximete interval Between Onset and Deeth 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE I YES 2 XNO 1 ☐ YES 2 ☐ NO 28d. DESCRIBE HOW INJURY OCCURED 29f. LOCATION (Street and Number or Flural Floure Number City or Tayen, State) eth occured at the time, date and place, and due to the cause(s) and manner as stated. 296. DATE SIGNED (Month, Day, Mar)

DHMH-16 Rev 1/89

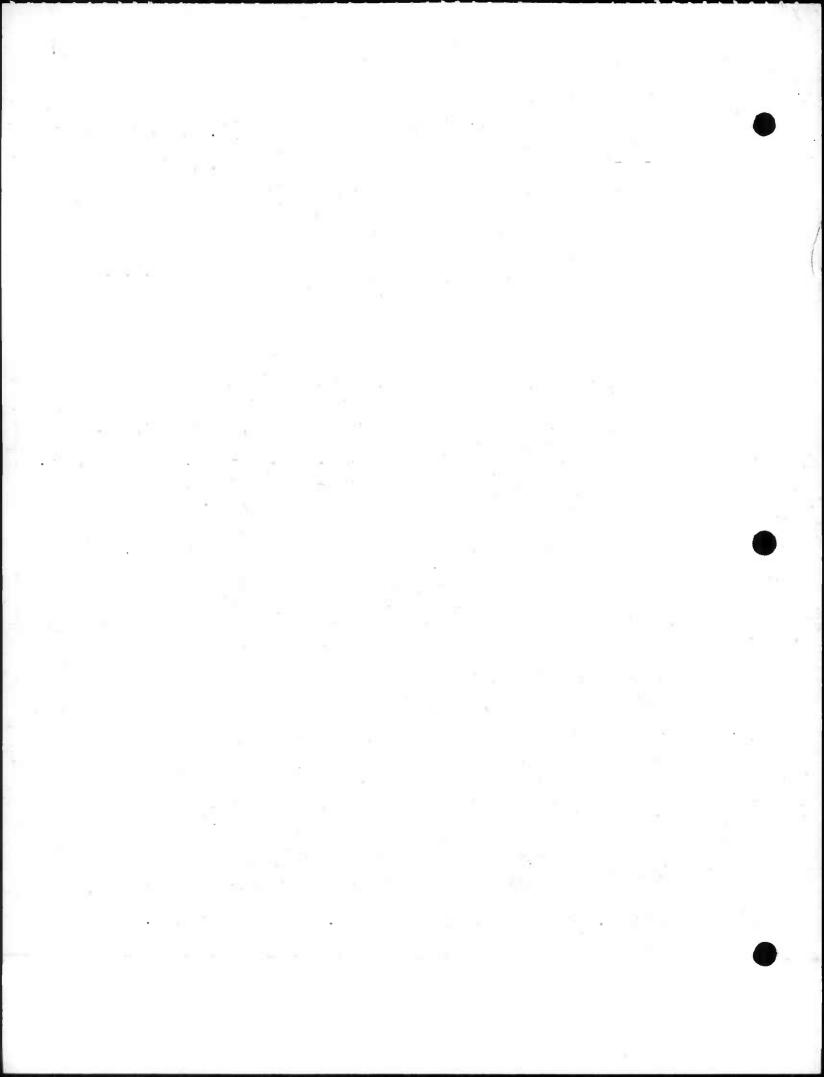
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1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 7994 Sept. 22 William Levenstein 5:29P 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. (Morth, Day, Year) Sept. 3, 1913 DAYS HOURS 200-10-1220 1 XM 2 1 VRS Pennsylvania Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Holy Cross Hospital Silver Spring Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomery Silver Spring 1 YES 2 □ NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Page 6 may be retained by the hospital or attending physician. all director, page 5 should be detached for use as the burial-transit 2445 Luttonsville Road 20910 U.S.A. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 Married If yes, specify Cubsn, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES В 3 Widowed 4 Divorced Specify: White 18e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementery/Secondery (0-12) College (1-4 or 5+) Attorney Private Practice 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) notified at Harry Levenstein Minnie Unavailable BE funeral director, page 5 should 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Herbert Levenstein 2461 McCormick Road. Rockville. Md. 20850 å 20q. METHOD OF DISPOSITION
1 X Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — Cify or Town, State must David Mem. Gdn. 4 Donetion 5 Other (Specify) 9-25 Falls Church Va. the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY urs after death. Ives-Pearson Funeral Homes filled in by the fu Falls Church, Va. 23. PART i. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiretory erreet, ehock, or heert fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death cremation, disease or condition Cardiopulmonary arrest completely resulting in death) traumatic event, executed within DUE TO (OR AS A CONSEQUENCE OF): burial, Myocardial infarction CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leeding to immediate the attending physician I Mental Hygiene prior to the death certificate be Coronary Disease ceuse, Enter UNDERLYING CAUSE (Diseese or Injury injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Health and Small bowel obstruction AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? 1 WES 2 NO atrial fibrillation, congestive heart failure 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: has be Dept. 23 OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) item certificate by the State HOSPITAL: X Xinpatient 2 ER/Outpatient 3 DOA OTHER: 1 - YES 2 X NO 4 ☐ Nursing Home 5 ☐ Rasidence 8 ☐ Other (Specify) the t 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked, 1 X Natural 5 Pending TO THE HOSPITAL OR ATTENDING PIND TO THE FUNERAL DIRECTOR: After the filed within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death with 18 item 28 is mark 1 YES 2 NO BY 2 Accident 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Sulcide COMPLETED 8 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date and place, and due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(a) and menner as stated. 29h, BIGNATONE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D 18594 Sept 23, 1994 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MD 8830 Kaufman .Cameron St. Silver Springs, Md. 20910 Steven



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

THE CORRECTION AND THE CONTROL OF TH		FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN			
2.17-56-6487 "U * 20 83 ve some loos will 100 county of county of cardinal south	1000	IRENE	MONT			E INDER 24 HDS	2. DATE OF DEATH MONTH	MY YE	9.4	M
BESTORYCE OF DECORDATY 100. SETTER 1 MON COUNTY 100. SETTER 2 1 MON COUNTY 100. SETTER 1 MON	*	9a. FACILITY NAME (If not institution, give	1 🗆 M 2 🔀 F	83 YRS. MO	DAYS DAYS DAYS	HOURS MIN.	(Молгу О-ву, Уваг) — 0°2°—	1911 SC COUNTY	outh Carol OF DEATH	
The state of the s	DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Γ¥		OWN OR LOCAT	ION	Md.	Mai	10d. INSIDE CITY LIMITS?	
The state of the s	NERAL	10. STREET AND NUMBER 2716 Oakley			10f	ZIP CODE 2121		Ţ	OF WHAT COUNTRY? J.S.A.	
THAT I NAME (PysicPrint) 10. METHOD OF DEPOSITION 11. Burket IZ Creamation 3 Removal from Stats 1. Committion 3 Removal from Stats 1. Downstron 5 Other (Swedty) Ph. Herrithrage in the Committee of Committ	B	1 Never Married 2 Married 3 Vidowed 4 Divorced	FORCES? 1 YES	2 NO ATES X	il yea, sp.	2 NO Specify.	n, Puerto Ricen, etc.)		Black, Whita, atc.	
THAT I NAME (PysicPrint) 10. METHOD OF DEPOSITION 11. Burket IZ Creamation 3 Removal from Stats 1. Committion 3 Removal from Stats 1. Downstron 5 Other (Swedty) Ph. Herrithrage in the Committee of Committ	APLETE	(Specify only highest grad Elementery/Secondary (0-12)	le completed)	(Give kind of work life. Do NOT use re	done during mo tired.)	N st of working				
20. PLACE Brown 20. PLACE AND DATE OF DEPOSITION DATE Sec. LOCATION - City or Town, Busis Completing of Date DATE Sec. LOCATION - City or Town, Busis Completing of Date DATE Sec. LOCATION - City or Town, Busis Completing of Date Date	BE	Henry Tinkler		19h MAILING AD	DBESS (Street a	Mary E	Payden			
The Donation 5 Diter (Secret)	٩	Rose Brown 208. METHOD OF DISPOSITION	20b.	.PLACEANDDATEOF	16 Oa	kley Av	e. Balto	. Md.	21215	\dashv
Approximate Approximate and the conditions of contributing to death. Do not enter the mode of dying, such as cardiac or respiretory arrest, indexed and contributing to death (Interval Betwee Onset and Death (Interval Betwee Onset Interval Betwee Onset Interval Betwee Onset Interval Betwee Onset Interval Betwee Onset Interval Betwee Onset Interval Betwee Onset Interval Betwee Onset Interval Bet		4 Donation 5 Other (Specify)	ntembrent		22, NAME AN	o ADDRESS OF FAC	Funeral			
PART II. Other algnificent conditione contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES NO 25. WAS CASE REFERRING TO MEDICAL EXAMINER? 1 YES 2 NO 25. WAS CASE REFERRING TO MEDICAL EXAMINER? 1 YES 2 Yes 1 Inpution to 2 ER/Outpatient 3 DOA 27. MAINTER OF DEATH Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF INJURY 28b. TIME OF NUMBER 28d. DESCRIBE HOW INJURY OCCURED 28. PLACE OF INJURY 28b. TIME OF NUMBER 28d. DESCRIBE HOW INJURY OCCURED 28. PLACE OF INJURY 28b. TIME OF NUMBER 28d. DESCRIBE HOW INJURY OCCURED 28. PLACE OF INJURY 28b. TIME OF NUMBER 28d. DESCRIBE HOW INJURY OCCURED 28. PLACE OF INJURY 28b. TIME OF NUMBER 28d. LOCATION (Street and Number or Rural Route Number, City or Town, Siste) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF INJURY 28b. TIME OF NUMBER 28d. DESCRIBE HOW INJURY OCCURED 28. PLACE OF DEATH (Location of Check only one) 28. PLACE OF DEATH (Location of Check only one) 28. PLACE OF DEATH (Location of Check only one) 28. PLACE OF DEATH (Location of Check only one) 28. PLACE OF DEATH (Location of Check only one) 28. PLACE OF DEATH (Location of Check only one) 28. PLACE OF DEATH (Location of Check only one) 29. CERTIFIER (Check only one) 29. DEATH (Location of Check only one) 29. DEATH (Location of Check	IIFICATION	ehock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events	e. DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF):	enter the mo	de of dying, auch	es cardiec or reap		Interval Betw	reen
Accident 3 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS DF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE			d.	ut not recuiting in t	he underlying	ceuse given in i	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?	200
296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Vear) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 31. DATE FILED (Month, Day, Vear) 32. REGISTRAR'S SIGNATURE	B	EXAMINER? 1 YES 2 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be	1 Inpetient 2 ER/Outp 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY	28b. TIME 0 INJURY	THER: Nursing Hom 28c. INJ WO 1 1	S Realdence	8 Other (Specify) 28d. DESCRIBE HOW 281, LOCATION (Street	and Number or R		
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 1450 1994 29 5. SEX 8. AGE (In yrs. last birthday 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign S-18-55 YRS. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH nwes edica DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY C 1 TES 2 NO permit. FUNERAL 10e JSTREET AND NUMBER WHAT COUNTRY 10f. ZIP CODE Dionsh 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPE YES YOU IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE - American Indian, Black, White, etc. It yes, specify Cuben, Mexican, Puerlo Ricen, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried Specify: 0 В 3 Widowed 4 Divorced ac ETED. 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired,) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (1-4 or 5+) COMPL Unknown 17 FATHER'S NAME (First, Migdie, Last) Jodwin 18, MOTHER'S NAME (First, Middle, Malden Surname notified at BE FORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (St 2 21216 P seu 200 METHOO OF DISPOSITION must be 2004 PLACE AND DATE OF DISPOSITION (Name of 190% 20c. LOPATION - City on Town, State Co. Buriel 2 Cremetion 3 Removal from State emetery Donation 5 Other (Specify) Hounde mo medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE March NAME AND ADDRESS OF PACILITY F. H west 300 bas M h u completely filled in by the rial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reapiratory arrest, Approximate shock, or heert fallure. List only one ceuse on eech line. Interval Between IMMEDIATE CAUSE (Finel Onset and Deeth merked, or item 23 shows any injury, or other traumatic event, the disease or condition_ RACEREBRAL HEMORRHAGE DAYS resulting in death) DUE TO (OR AS A CONSEQUENCE OF the attending physician and con Mental Hygiene prior to burial, PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate e. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST has been signed by the atter Dept, of Health and Mental PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? RTENSION 1 YES 2 NO OF DEATH? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL the State EXAMINER? OTHER: 1 YES 2 NO Supportion 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED # EM 1 Natural 1 YES 2 NO Investigation BY Sath 2 Accident 28e. PLACE OF INJURY — At home, term, street, tactory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee ateted. TO THE HOSPITED TO THE FUNISH DE filed within 72 IMPORTANT (Check only one) 2 MEDICAL EXAMINER: On the basis ation end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner ee stated. 29d. DATE SIGNED (Month. Day. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BALTO C OCT (MONIS DAYS)4 AZ RESISTRADOSTO

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	1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	MENTAL HYGIEN REG. NO		
	1. DECEOENT'S NAME (First, Middle, Last	John Manns				2. DATE OF OEATH D. 9	8 1994 T	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 219-16-5248	5. SEX 6. AGE 1 (X) M 2 \square F 7	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-6-1924	6. BIRT	HPLACE (State or Fore
TOR	9a. FACILITY NAME (If not institution, give 11 W. 20th Str			Balto	OR LOCATION OF D	EATN	9c. COUNTY OF	DEATN
DIRECTOR	10a. STATE 10b. COUN	TY	10c. CITY, Bal	TOWN OR LOCAT	TION			10d, INSIDE CITY LIMITS? 1 YES 2 N
ERAL	100. STREET AND NUMBER 11 W. 20th St	reet		101	21218		10g. CITIZEN OF	WHAT COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, sp	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes an, Puarto Rican, etc.) fy:	Ble	CE — American Indian ck, Whita, aic. city: Black
PLETED	1s. OECEDENT'S EO (Specify only highest grace Elementary/Secondary (0-12) 12th	UCATION le completed) College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	ON st of working	16b. KIND OF BU	SINESS/INDUSTRY	
COMPL	17. FATHER'S NAME (First, Middle, Last)		Unkı	IOWII	18. MOTNER'S NA	AME (First, Middle, Maiden	Surname)	
BE	James Manns 19a. INFORMANT'S NAME (Typo/Print)		105 MAII INC	DDDECC (Compa)	Annie	Walker Route Number, City or Tow		
유	Lillian Johnson					t Balto, M		
	209. METHOD OF DISPOSITION 1 All Burial 2 Cremation 3 Rea 4 Donation 5 Other (Specify)		PLACEAND DATE OF THE LOCAL PROPERTY COMMENTS OF THE LOCAL PROPERTY	DISPOSITION (Na			CATION — City or 1	
	21. BIGHARUITE OF FUNERAL SERVICE L	D. Co	U	22. NAME AN	D ADDRESS OF FA	CILITY	4411500	ir, ira
	23. PARTIL Enter the useasea, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO, OR AS A	ach ilna.	st anter the mo	0 (h as cardiac or reapl	Iratory arreat,	Approximatintarval Bat Onaet and
CERTIFICATION	Sequantially list conditions, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	c	CONSEQUENCE OF	Heart	// yer	^		
MEDICAL C	PART II. Other significant conditions for the factor of th	na contributing to death b	out not resulting Ir	the underlying	cauae civamin	Part I. 24a. WAS AN PERFOR	RMED?	b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSE C	F DEATH YES		UNCERTAIL	N 🗆		
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out		OTHER:	e 5 @ Residence	6 Other (Specify)		
	27. MANNER OF DEATN 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME	RY WO	URY AT RK? /ES 2 NO	26d. DESCRIBE NOW I	NJURY OCCURED	
етер ву	2 Accident Investigation 3 Suicida 6 Could not be 4 Nomicide detarmined	26s. PLACE OF INJURY building, etc. (Spec	26s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLE		SICIAN: To the best of my know ER: On the basic of examination						(a) end menner as stat
<i>-</i>	296. SIGNATURE AND TITLE OF CERTIFIE	es la			29c. LICENSE NUI			D (Month, Day, Year)
					D0001	וי	09/28	2 / 0 /
TO BE C	30. NAME AND ADDRESS OF PERSON OF ROBERT I. Levy, I	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, I	Print)	D0921		21201	3/94

may be retained by the hospital or attending physician. 3r, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache the filed within 72 hours after death with the State Debt, of Health and Mental Motiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
ed within nours aft	ompletely filled in by al, cremation, or remo	event, the medica	
h certificate be execute	inding physician and c Hygiene prior to buria	or other traumatic	
requires that the deat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I be fleet within 72 hours after death with the State Debt, of Health and Memai Hydiene prior to burial, cremation, or removal.	shows any injury,	
3 PHYSICIAN: The law	or this certificate has the the with the State Dept	larked, or item 23	
SPITAL OR ATTENDING	IERAL DIRECTOR: After In 72 hours after deal	IT: if item 28 is m	
TO THE HOS	TO THE FUN be filed with	IMPORTAN	

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)	Dorothy E.	McCallis	ster		2. DATE OF OEATH DO OCt. 1,	1994 YE	3. TIME OF DEATH 1:45 DM M		
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
	215-14-0634	years YRS.	MONTHS DAYS	HOURS MIN.		11 16 1922 MARYLAN				
OR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 1321 GATWICK ROAD 9c. COUNTY OF DEATH ANNE AR									
[[[RESIDENCE OF DECEDENT									
DIRECTOR	MARYLAND	·	100. 0171	BALTIN	11111111		10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	10e. STREET AND NUMBER	ATTENDED ADM	/ 1 2	101	. ZIP CODE 21211		10g. CITIZEN	USA		
NE I	3939 ROLAND A	AVENUE APT. 12. WAS DECEDENT EVER II		40, 400, 050		IIC ORIGIN? (Specify Yes				
BY FL	1 Never Married 2 Married	FORCES? 1 YES	2 💟 NO	If yea, sp		n, Puarto Rican, etc.)	or No 14.	RACE — American Indien, Black, Whita, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	e completed)	18e. DECEDENT'S U (Give kind of w life. Do NOT use	ork done during mo	ON st of working	16b. KIND OF BU	SINESS/INDUST	TRY		
3	8TH	College (1-4 or 5+)	FOOD	SERVICE		ARA (CO.			
8	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
BE C	HERBERT J. H	HOFMANN			ELLE	EN R. DEMPS	SEY			
TO B	19a. INFORMANT'S NAME (Type/Print) MRS. DIANE BAKER					Route Number, City or Tow LEN BURNIE				
	20s. METHOD OF DISPOSITION LA Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	20b com	n. PLACE AND DATE On the control of	F DISPOSITION (Na	me of 10/5	OPATE 20c. LO		ATION — City or Town, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	KILAND S	22 NAME AN	ID ADDRESS OF SA	CHITY				
	► a. Glan	Seit Jr		A. Al	LAN SEITZ	Z, JR. FUN		OME 21211 E, MARYLAND		
		complications that caused List only one cause on a	the death. Do no ach line.	ot antar tha mo	da of dying, suc	h as cardiac or reap	iratory arrest	Interval Between		
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	Respira	tory F	BILYN	و			m when		
z	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C	CONSEQUENCE OF							
ERT	that initiated events resulting in death) LAST	d		•						
AL.	PART II. Other algnificant condition	ns contributing to death b	out not resulting in	the underlying	g cause given in	PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC	DID TOBACCO USE	CONTRIBUTE TO	CALISE OF	DEATH V	ES I NO	1 TYES	No	OF DEATH?		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (Ch	74				
SIG	1 WES ONO	HOSPITAL: 1 Inpatient 2 ER/Outs		OTHER: 4 Nursing Hom	Residence	8 Other (Specify)				
у РНУ	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT RK?	28d. DEŞCRIBE HOW I	NJURY OCCUR	ED		
ED BY	2 \ \text{\tin}\text{\tex{\tex	28a. PLACE OF INJURY building, etc. (Spec	— At home, term, st	reet, factory, offic		28t. LOCATION (Street a City or Town, State)	and Number or F	Bural Route Number,		
COMPLET		ICIAN: To the best of my know ER: On the beels of axaminstio						iuse(a) and manner as stated.		
ECC	296. SIGNATURE AND DITE OF CONTIFIE	я			29c. LICENSE NUI	ABER .	29d. DATE SI	GNED (Month, Day, Year)		
00	CAL.	_n.0 ·			D449	44	► /s	0/3/94		
2	40. HAME AND ADDRESS OF PERSON WHO	14	ATH (ITEM 27) (Type,		timore	ma)		- /		
	31. DATE FILED MOST. PS 94	32. HEGISTRAR'S SIGN	ATURE			. , , , , .				

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BALTIMORE, MARYLAND 21215-0020

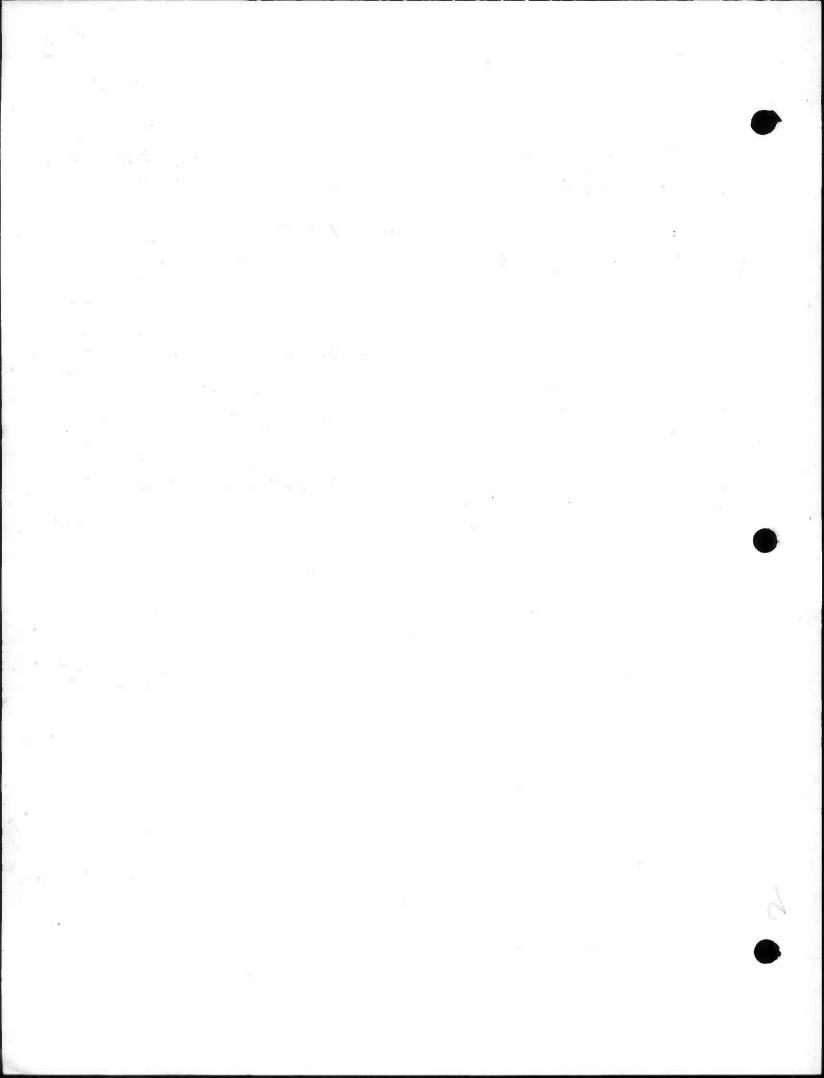
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Mark and the retained by the bospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT OF CERTIFICATE OF		NTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Mi	iddle, Last)		2.	DATE OF DEATH		3. TIME OF DEATH	
		UGLAS MUR	RAY		9- 30		10- 45 A M	
	4. SOCIAL SECURITY NUMBER 216-50-1560	5. SEX 8. AGE 1 2 F 45	(In yrs. last birthday) IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. 7.	414 O			
	9e. FACILITY NAME (If not institu	,		OR LOCATION OF DEATH		9c. COUNTY OF	DEATH	
DIRECTOR	Levindale Nur		Balti					
12		0b. COUNTY	10c. CITY, TOWN OR LOCA		-		10d. INSIDE CITY LIMITS?	
	MD	Howard	Baltimore/	Columbia			1X YES 2 NO	
RAL	100. STREET AND NUMBER	t Ave5915 Morn		21215 - 2	عا دارد	109. CITIZEN OF USA	WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II		CENDENT OF HISPANIC			NE American to disc	
B	1 Never Merried 2 Me 3 Wildowed 4 Divorce	FORCES? 1 YES	2 X NO If yee, s	pecify Cuben, Mexicen, Pr S 2 NO Specify:	verto Ricen, etc.)	Blac	E — American Indian, ck, White, etc.	
윤	15. DECEDI (Specify only his	ENT'S EDUCATION ighest grade completed)	16a. DECEDENT'S USUAL OCCUPAT	ION ost of working	16b. KIND OF BUS	INESS/INDUSTRY		
COMPLETED	Elementary/Secondary (0-12)		(Give kind of work done during n life. Do NOT use retired.) Construction W		Constr	uction		
BE CO	17. FATHER'S NAME (First, Middle) Charles E. Mu			18. MOTHER'S NAME (Dorothy		Surname)		
5	190. INFORMANT'S NAME (Typo Carolyn M. Ri		196. MAILING ADDRESS (Street 5915 Morningb				21045	
	20a. METHOD OF DISPOSITION 100 Burlel 2 Cremetton		PLACE AND DATE OF DISPOSITION (Fig. 1) Place (Fig. 2) The place (Fig.	lame of	DATE 20c, LOC			
	4 Donation 5 Other (Sp	SERVICE LICENSEE					own, MD	
	tero	MgO. Here		no Dyett 8 Liberty Hei				
	23. PART I Ene the dise ahock, or hear	eases Di complicationa that cause rt fature. List only one cause on e	the daath. Do not enter the mach line.	ode of dying, such as	cardiac or reapir	atory arrest,	Approximate Interval Between	
	iMMEDIATE CAUSE (Final disease or condition	0					Onaet and Death	
	resulting in death)	a. KESPIRH	TORY FAIL CONSEQUENCE OF:	URE				
z			ENCEPHAL CONSEQUENCE OF:				İ	
CERTIFICATION	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING				E C) .			
FIC	CAUSE (Disease or injury that Initiated events	OUE TO (OR AS /	SICH INSULI	V. DEREND		FRIJEN HUELT		
IH	reaulting in death) LAST	d			1.10	111100		
AL CI	PART II. Other aignificant	conditions contributing to death b	ut not resulting in the underlying	o cause given in Par	t i. 24s. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS	
S	H !	V (+)	,		PERFORI	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC/						2.1.0	OF DEATH? 1 YES 2 NO	
Ä								
PHYSICIAN:	25. WAS CASE REFERRED TO M EXAMINER?	HOSPITAL:	OTHER:	LACE OF DEATH (Check of				
HYS	1 YES 2 NO	1 Inpatient 2 ER/Outs	7.1.0.000	me 5 Residence 6 JURY AT 286	Other (Specify)	JURY OCCURED		
ВУ Р	1 Natural 5 Per 2 Accident Inve	nding (Month, Day, Year)		YES 2 NO				
ED E	3 Suicida 8 Cou	uld not be 28e. PLACE OF INJURY building, etc. (Speciarmined	— Al homa, farm, atreet, factory, offi	Ca 281	LOCATION (Street as City or Town, State)	nd Number or Rural	Route Number,	
E								
COMPLET	one) 2 MEDICA	YING PHYSICIAN: To the best of my know	n and/or investigation, in my opinion,	death occured at the time	, data end place, and		(a) end menner ea atated,	
BE (29b. SIGNATURE AND TITLE OF	CERTIFIER SECTION	ATTENDING	29c. LICENSE NUMBER			D (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PE	F CERTIFIER SECTION WHO COMPLETED CAUSE OF DE	PHYSICIAN ATH (ITEM 27) (Type Print)	1)2561	1/10	7-3	0-94	
	LEVINDALE	2434 W. BE	ELVERDERE /	TYENDE	BAISIM	ORE N	17) 21215	
	31. DATE FILED (Month, Day, Year	32. REGISTRAR'S SIGN	ATURE		<u> </u>	01/2	7 41813	
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Pages 1, 2, 3 should permit. funeral director, page 5 should be detached for use as the burial-transit Page 6 may be retained by the hospital or attending physician. **MARYLAND 21215-0020** 7 notified è must examiner d completely filled in by the funeral during unal, cremation, or removal. medicai the traumatic event, executed and corr o burial, 2 å other 0 the atten injury, been signed by the shows any has by Dept. 23 item certificate h DR ATTENDING PHYSICIAN: 0 this (marked. After t DIRECTOR: A hours after do item 28 is 69 TO THE HOSPITAL
TO THE FUNERAL I
BE filed within 72 h
IMPORTANT: If it

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 7. DATE OF BIRTH 6:10 An Mary D. Miller 984 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 - M 2 XX HOURS CLEVELAND, 191-18-9496 78 8/11/16 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Hospital Baltimore City 10b. COUNTY 10e. STATE 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5020 SHIRLEYBROOK AVE 21237 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ▼ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 YES 2 X NO 3 Widowed 4 Divorced Specify: Specify: BY WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION pecify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) College (1-4 or 5+) CLAIMS ADJUSTER SOCIAL SECURITY ADMINISTRATION 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ANDREW DEBEREC MARY POLDEN BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 FRANK MILLER 5020 SHIRLEYBROOK AVE. BALTO., MD. 21237 20a METHOD OF DISPOSITION
1 Pariel 2 Cremation 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE DULANEY VALLEY MEYORTAL CONS. 4 Donetion 5 Other (Specify) 9/30/94 BALTIMORE, MD. 21 SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LASSAHN FUNERAL HOME 7401 BELATE ROAD BALTIMORE, MD. 21236 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not anter the mode of dying, such as cardiec or respiratory arrest, Approximate ehock, or heert feilure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Finei Onset and Daath disease or condition rabetes Years resulting in death) DUE TO (OR AS A CONSEQUENCE OF): recus CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate Kend Jailure cause. Enter UNDERLYING 105t CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated evente reaulting in death) LAST PART II. Other significent conditione contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 PES 2 NO 1 TYES 2 PNO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO WOLLD UNCERTAIN I 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO ©inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28b. TIME OF 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY Investigation 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, streel, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED. 8 Could not be 4 Homicide COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. (Check only one) 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the lime, date end place, and due to the cause(e) and menner ee stated. 29b. SIGNATURE AND TITLE OF GERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 38 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Pau CIDE IDads Prive 0230 OCT 0 3 1994 32. REGISTRAR'S SIGNATURE

JALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

31. DATE FILED (Month, Day, Year)

OCT 3

-1994 32. REGISTRAR'S SIGNATURE

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20-9 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATE 3. TIME OF CEATH KATHERINE EE MATTHEWS MONTH authorine 2450 m سا 2 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR 7. DATE OF BIRTH 214 01 8639 1 🗌 M 2 🙀 F DAYS HOURS 89 YRS 12-6-1904 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Liberty Medical Center Baltimore Γ RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 717 Druid Park Lake Drive burial-transit 21217 USA Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 Married 1 YES 2 NO Specify: BY use as the 3 Widowed 4 Divorced Black 16a. DECEDENT'S USUAL OCCUPATION 1S. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) ᆸ Elementary/Secondary (0-12) College (1-4 or 5+) funeral director, page 5 should be detached for COMPL Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ĕ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Ruth McNair 5502 Pilgram Road,Baltimore,MD 21214 e 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c, LOCATION - City or Town, State **Must** Burial 2 Cremation 3 Ramoval from State cemetery, crematory or other place) 4 M Donation 5 □ Other (Specify) 21. SIGNATURE OF MUNERAL SERVICE LICENSEER Onald examiner Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board after death. 655W.Baltimore St, Balto, MD21201 10 the removal medical 23. PART i. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, euch es cerdiec or reepiratory erreet, filled in by Approximate shock, or haert fellure. List only one ceuse on each line. interval Batween 5 IMMEDIATE CAUSE (Final Onset and Death the cremation, disease or condition_ Remonia completely raculting in death) event, and com traumatic CERTIFICATION Sequentially list conditions, EQUENCE OF: 2 If any, leading to immediate cause. Enter UNDERLYING physician prior 25 CAUSE (Diseese or injury other een signed by the attending ph of Health and Mental Hyglene that initiated events recuiting in death) LAST 6 PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL shows any 1 TYES 2 NO OF DEATH? 1 YES 2 NO peen has be Dept. c DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO INCERTAIN I PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one h the State I Item **EXAMINER?** HOSPITAL: OTHER: 1 2 2 10 etlant 2 - ER/Outpetient 3 - DOA ng Home S - Residence 8 - Other (Specify) 0 27. MANNER OF DEATH this c 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural Pending 1 YES 2 NO After the ΒY Investigation 2 Accident 28s. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 69 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be DIRECTOR: A 28 4 Homicide Item 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. THE FUNERAL (= 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 20.94 7-24 0 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pr

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

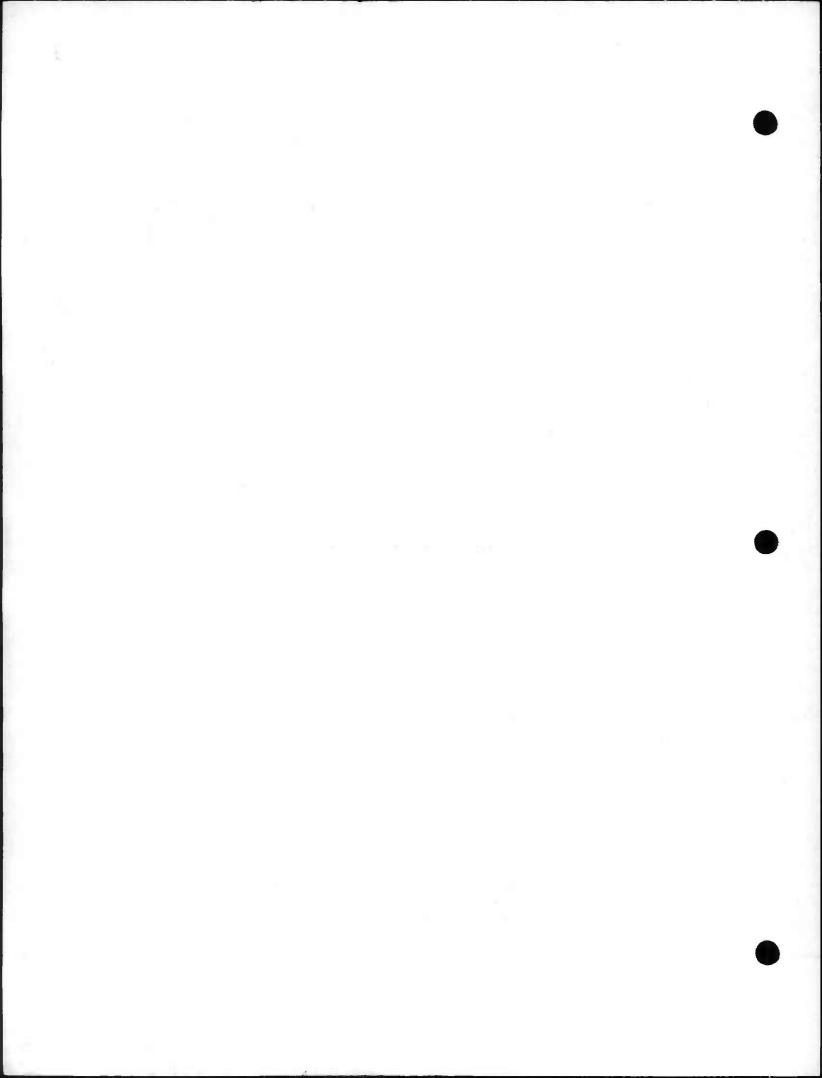
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE OF	DEATH	R	EG. NO.			
	1	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF I	DEATH	YEAR	3. TIME OF DEATH	
		MICHAEL	MAURICE	MILLS	3		July	28	94	11:35A M	
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday) 37 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, Da 10-3	v. Year)	8. BIRTHP Country)	PLACE (State or Foreign	
plnods		9e. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF DE			UNTY OF DE	ATH	
1, 2, 3 s	ECTOR	Johns Hopkins Ho	spital E.R.		Balt:	imore Cit	ty				
Pages 1	띮	10e. STATE 10b. COUNTY	1	10c. CIT	Y, TOWN OR LOCAT	TION			T	10d. INSIDE CITY	
permit. Par	- DIRI	Maryland	na	8		lman Co	urt,	Baltim	ore	LIMITS?	
isit	IERAL	825 Hillman C	ourt		101	21202		10g. Cl	TIZEN OF WI	HAT COUNTRY?	
the hospital or attending physician. detached for use as the burtal-transit once.	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF HISPAN ecify Cuban, Maxica 2 NO Specifi	n, Puerto Ricer	pecify Yea or No— , atc.)	14. RACE Black, Specify		
as th	ED E	15. DECEDENT'S EDU	CATION	16- DECEDENTIE	USUAL OCCUPATION	244	401 1/10	D 05 D110111500 W	<u> </u>	Black	
oital or att d for use	COMPLETE	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during mo		100, KIN	D OF BUSINESS/IN	IDUSTRY		
the hospil detached once.	M	17. FATHER'S NAME (First, Middle, Last)				16 MOTHED'S NA	ME /Elmt Middel	e, Maiden Surname)			
# 6 6 a		,,,,				IS. MOTHER'S NA	WE (FIST, MICO)	s, warden Sumame)			
s retained by 5 should be notified at	BE C	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rural i	Route Number, C	lity or Town, State, Z	ip Code)		
e 5 s	욘	ocme									
hours after death. Page 6 may be bed in by the funeral director, page or removal.		20e. METHOD OF DISPOSITION 1	oval from Stata cen	netery, cremetory or o		ame of	OATE	20c. LOCATION -	- City or Tow	rn, State	
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AI	ND ADDRESS OF FA	CILITY	ata A-a		n 1	
ter death. Pag the funeral di wal.		22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W.Baltimore St, Balto, MD21201									
ours after d in by the or removal		23. PART i. Enter the diseases, or o	complications that cause	the death. Do r						Approximate	
		ahock, or heart failure. iMMEDiATE CAUSE (Final	List only one cause on e	ach line.						Interval Between Onset and Daath	
		disease or condition resulting in death)	- Acute N	arcotic	Intoxica	ation					
completely ial, cremati		resulting in death)		CONSEQUENCE O		101011					
	Z	Secure at letter that conditions	b								
e be execute sician and confort to buriantic traumatic	CATION	Sequantially list conditions, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF	F):						
ficate physic ne price p	2	cause. Enter UNDERLYING CAUSE (Disease or injury	C. DUE TO OR AS	CONSEQUENCE OF							
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he death certi the attending Mental Hygie	CEI		d,								
nat the deal by the att and Menta y injury,	CAL	PART li. Other aignificant condition	a contributing to death b	out not reauiting	in the underlyin	g cauaa given in	Part i. 24a	. WAS AN AUTOPSY PERFORMEO?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
s that ined by alth an	ᅙ						15	YES 2 NO		COMPLETION OF CAUSE OF DEATH?	
requires seen sign of Heal	ME									1 X YES 2 NO	
law r as be Dept.	ä	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEATH Y	ES NC					
ate has tate Dept	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER;	ACE OF DEATH (Ch	eck only one)				
CIAN ertific the S	IYS	1 X YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2XXER/Out		4 - Nursing Horr	e 5 🗆 Residence					
NG PHYSI fter this c eath with marked.	РНҮ	1 Natural 5 Pending	(Month, Day, Year)		JURY WO	PRK?		BE HOW INJURY OF	CCUREO		
After Jeath mar	B	2 Accident Investigation	Found: 7/28		ileir •	YES 2 NO	Unkr		an an Dural Da	The state of	
DR ATTENDING PHYSICIAN: The law requires this DRECTOR. After this certificate has been signed hours after death with the State Dept. of Health a litem 28 is marked, or item 23 shows am		3 Suicide 8 Could not be 4 Homicide datarmined	building, atc. (Spec	cffy)	ecreet, rectory, orne	•		wn, State) FOI	und: 8	30 Hilman	
DR AT DIREC hours	LETE	29s. CERTIFIER	unkn		er en Cest coen		Court			y, Md.	
Z 7 2 =	COMPL	(Check only	CIAN: To the best of my know R: On the basis of examination							oor eulloseidus	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	8				, ar any opinion, c						
THE Fled POR	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	LILLAND			29c. LICENSE NUI		29d. DA		Month, Day, Year)	
2 6 3 ₹	6	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF THE	ATH (ITEM 97) (T	Deiest	0.C.M.	.С.		July	29, 1994	
		Donald G. Wright.				ltimore,	Md. 21	201			
			32. REGISTRAR'S SIGN	ATURE	.ccc, Da.	L CAMOI C	**** 41	. =			
		OCT 3 1994	War war	ardall							

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020



TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the most after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: if item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR		STATE OF MA				HEALTH AND	MENTA	AL HYGIENI REG. NO.	E			
1. DECEDENT'S NAME (First,	Middle, Last)							E OF DEATH			. TIME OF DE	ATH
		Sidney	M. No	rton			10			EAR	1:45	р. м
4. SOCIAL SECURITY NUMB			. AGE (In yrs. last		UNDER 1 YEAR	IF UNDER 24 HRS.		E OF BIRTH		BIRTHPL Country)	ACE (State or	
117 12 19	7-7-1	X M 2 F	88	YRS.	MINS DATS	HOURS MIN.		/11/190			York	
9e. FACILITY NAME (If not in:		,				OR LOCATION OF D	HTAS		9c. COUNTY			
North Arun		valescen	t Home		Glen B	urnie			Anne	Aru	ınde1	
10e. STATE	10b. COUNTY			10c. CITY, T	OWN OR LOCA	TION				10	Od. INSIDE CI	TY
Maryland	Anne	Arundel		Lin	thicum					1	LIMITS?	NO X
10e. STREET AND NUMBER					10	1. ZIP CODE			10g. CITIZEI	N OF WH	AT COUNTRY	7
214 Sycam	ore Roa	<u>d</u>				21090			U.	S.A.		
11. MARITAL STATUS 1 Never Married 2 X		FORCES? 1	VER IN U.S. ARI	MED		CENDENT OF HISPA			or No- 14	RACE -	- American In Vhite, etc.	dien,
3 Widowed 4 Divor	200 000	IF YES, GIVE WAR				2 NO Speci		rman, etc.,	- 1	Specify:		
15. DECI	EDENT'S EDUCATI	ON	16a, DEC	CEDENT'S USI	UAL OCCUPATE	ON .	16	b. KIND OF BUS	IMESS/INDIES	Tov	White	5
(Specify only Elementary/Secondary (0-	highest grade com	ollege (1-4 or 5+)	(Gh	ve kind of work Do NOT use re	done during me	ost of working		tate De				
Contental y occordat y (o		years	St	tate R	egistr	ar		ept. He	-		al Hw	rono
17. FATHER'S NAME (First, Mi		7		ou oc n	cgiboi	18. MOTHER'S NA				Merro	ar ny	derie
		N	orton				nnie					
19e. INFORMANT'S NAME (Ty	pe/Print)		19b	MAILING AD	DRESS (Street	and Number or Rural	Route Nun	mber, City or Town	, State, Zip Co	ide)		
Violet No	rton		2	14 Syc	camore	Road	Lir	nthicum	, Mary	/land	2109	0
20e. METHOD OF DISPOSITION 1 Burlai 2 Commetion		from State			ISPOSITION (N	eme of	DA		CATION — City			
4 Donaflon 5 Other			Metro	Crema	atory :	Inc.	10	/3 Ba1	Ltimor	e, M	aryla:	nd
21. SIGNATURE OF EUNERAL	SERVICE LICENS	iEE	20	1		ND ADDRESS OF FA	ACILITY					
1 Lonn	~ M	1 Smen	unar	nki.		Ritchie						5
23. PART i. Enter the di	seases, Dr coul	plications that c	auaed the dea	th. Do not	anter the mo	de of dying, suc	h aa ca	rdiac or reapir	ratory arrest	i,	Approxi	
ahock, or he iMMEDIATE CAUSE (Fin	art failure.	only one cause	Dn each line.									Between nd Death
disease or condition	→	(-	oner	the	hee	nt foi	bore				1/0/	24.4
resulting in death)		DUE TO (OI	R AS A CONSEO	UENCE OF):					<u>. </u>		1 900	7-9
C	b											
Sequentially list condition if any, leading to immediate	liate	DUE TO (OF	R AS A CONSEO	UENCE OF):								
cause. Enter UNDERLYII CAUSE (Disease or Injur		DUE TO (O										
that initiated eventa resulting in death) LAS1		DOE TO (OF	R AS A CONSEO	UENCE OF):								
made de la casa de la	d										-	
PART II. Other aignifican	conditions co	ontributing to de	ath but not re	sulting in t	he underlyin	g cause given in	Part i.	24a. WAS AN A			ERE AUTOPSY	
- Un	rentia							1 TES 2		C	AILABLE PRIO DMPLETION OF F DEATH?	
									7		YES 2 5	NO
DID TOBACCO US	SE CONTRIB	UTE TO CAUS	SE OF DEAT	TH YES	□ NO □	UNCERTAI	N 🗆			_		
25. WAS CASE REFERRED TO EXAMINER?		OSPITAL:	28. PLACE		Check only one)							
I TYES 2 THO		Inpetient 2 E	R/Outpetient 3		THER: Nursing Hon	e 5 🗆 Raaidence	8 🗆 Oth	er (Specify)				
27. MANNER OF DEATH 1 Netural 5 ☐ F	hadian	28e. DATE OF IN. (Month, Day,		28b, TIME OF		URY AT ORK?	28d. DE	SCRIBE HOW IN	JURY OCCUR	ED		
	Pending nvestigation				M 1 🗆							
	Could not be	28e. PLACE OF II building, etc	NJURY — At hon (Specify)	ne, farm, stres	it, factory, offic	•		CATION (Street air or Town, State)	nd Number or	Rurai Roul	te Number,	
		: To the best of my										
2 MEDIO	CAL EXAMINER: O	In the basie of axam	nination end/or in	vestigation, in	n my opinion, d	leath occured at the	time, det	e end placa, end	due to the c	euse(e) a	nd manner es	stated.
29b. SIGNATURE AND TITLE	OF CENTIFIER /	16	ATTEN	MDING		29c. LICENSE NUI		2.6		1 - 1 -	onth, Day, Yea	r)
MOSTER	your	W				D-4	05	4	▶ 10	13/0	14	
DR. M.S.			3350	WILK	ENST	HENUE	Sui	TE 30 NA Z	1229.			
OCT 0319	94 4	32, REGISTRAR'S	SIGNATURE				,			_		

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a hours after death. Page 6 may be retained by the hospital or after
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Pages 1, 2, 3 permit. burial-transit nding physician. as the use Por detached once. ā 2 page 5 should notified pe must examiner funeral the or removal, the medical filled in by n and completely fille to burial, cremation, event, traumatic the attending physician Mental Hygiene prior tr or other and a shows any has been signed Dept. of Health OR ATTENDING PHYSICIAN: The law requires 1 23 this certificate ha Item 0 marked, After 1 28 Is DIRECTOR: / Item FUNERAL within 72 t -HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

CERTIFICATION

PHYSICIAN:

BY

COMPLETED

BE

2

2 Accident

3 Suicide

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH OCT. MICHAEL **EDWARD** NAPARSTEK 11:43 Am 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS DAYS 11/26/58 218-74-7319 1 🛛 M 2 🗌 F 35 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 920 SOUTH CLINTON STREET BALTIMORE - CITY RESIDENCE OF DECEDENT 10a STATE 10b. COUNT 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 920 S. Clinton Street 21224 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Merried 2 Married 1 YES 2 NO Specify ΒY 3 Widowed 4 Divorced White ED 10a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use relired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5 +) 12th. COMPL Laborer 17. FATHER'S NAME (First, Middle, Last) te. MOTHER'S NAME (First, Middle, Maiden Sumame) James Naparstek Tina Tutin 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Pat Stasuk 8910 Millers Island Blvd Baltimore, Maryland 21219 20a. METHOD OF DISPOSITION
1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Greenmount Cremetory 10/5 4 Donation 5 Other (Specify) Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY David J. Weber Funeral Homes 401 S. Chester St. Baltimore, Maryland 23. PART i. Enter the diseasee, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory erreet, Approximate ahock, or heert fallure. List only one ceuse on each line intervel Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) angin DUE TO (DR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART ii. Other eignificant conditions contributing to death but not requiting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square

UNCERTAIN

e Other (Specify)

25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)

26s. PLACE OF INJURY — At home, ferm, building, atc. (Specify)

HOSPITAL: XX YES 2 ND atlent 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY Year) 1 Netural 5 Pending

Investigation

e Could not be determined

4 Nursing Home 5X Residence 26b. TIME OF INJURY UK

Hom

28c. INJURY AT WORK? 1 YES

28f. LOCATION Street and Nu 500

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end menner se stated.

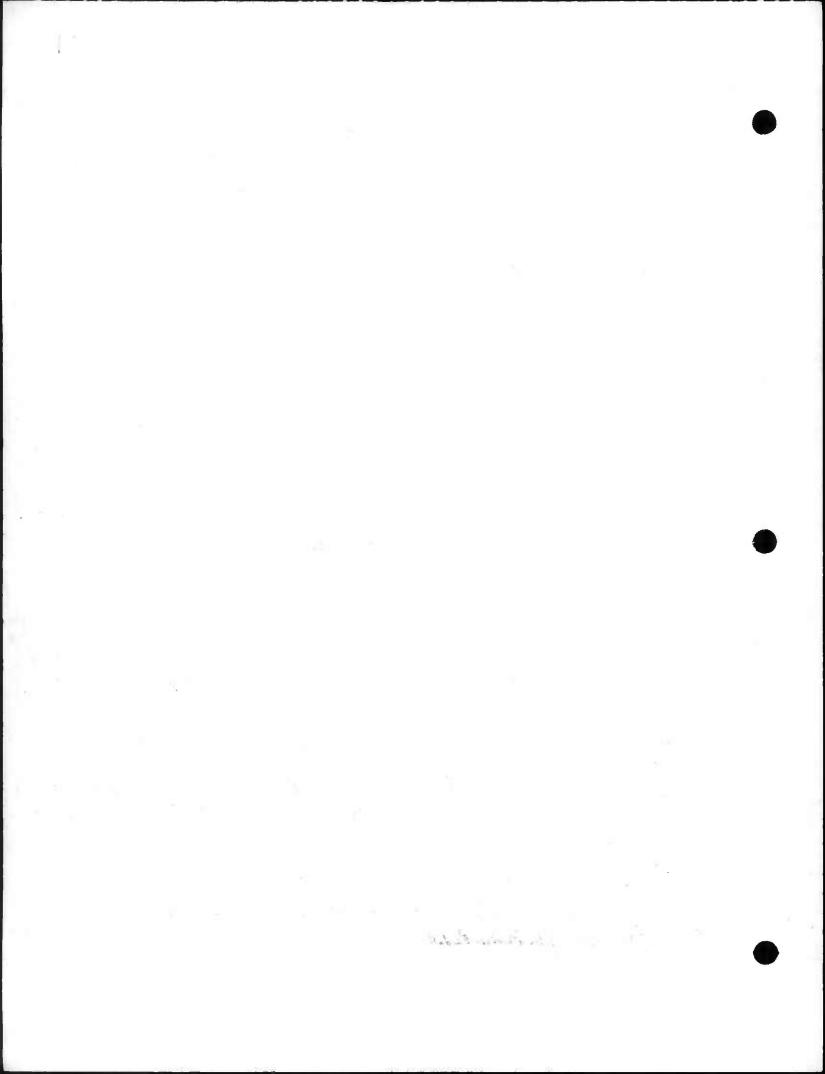
MEDICAL EXAMINER: On the ation and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER

ND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29c. LICENSE NUMBER O.C.M.E 29d. DATE SIGNED (Month, Day, Year) ▶ OCT. 2,1994

111 PENN STREET BALTIMORE, MARYLAND 21201

324 REGISTRAR'S



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STATE OF MARYLA	ND / DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	ГН		REG. NO.

	FOR STATE REGISTRAR	STATE OF MAR		ARTMENT OF		MENTAL	HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last) MARGARET	VIRGINIA	PIC	CKETT		2. DATE OF	P 30	1994	YEAR 3.	TIME OF DEATH
	216-28-3319	1 🗌 M 2 🔀 F	GE (In yrs. lest birthde 82 YRS	MONTHS DAY	S HOURS MIN.	8-2	Day Yearl		Country)	and
OR	9a. FACILITY NAME (If not institution, give stre Saint Joseph Hospit	,			N OR LOCATION OF DI			_	y of DEAT	
등	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		100	CITY, TOWN OR LO	CATION				T	
DIRECTOR	Maryland		100.	Baltimo	re					d. INSIDE CITY LIMITS? YES 2 NO
RAI	100. STREET AND NUMBER 6004 Hillen Rd.				10f. ZIP CODE 21239			U.S.A		T COUNTRY?
FUNERAL		12. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. ARMED	13. WAS I	DECENDENT OF NISPAI	NIC ORIGIN?	(Specify Yea		4. RACE	American Indian,
B	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OF			specify Cuban, Maxica ES 2 NO Specif		an, etc.)		Specify: Whit	
	15. DECEDENT'S EDUCA (Specify only highest grade of	TION ompleted)	(Give kind	I'S USUAL OCCUP		16b. K	IND OF BUS	INESS/INDU	STRY	
COMPLETED	Elamentary/Secondary (0-12) Unknown	College (1-4 or 5+)		shier		St	ıperma	arket		
ő	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Mic	idle, Maiden	Surname)		
BE (Phillip	Hammon	nd		ADDIE			ASH		
2	19a. INFORMANT'S NAME (Type/Print) William R. Simms				et and Number or Rural				-	
Ė	20a. METNOD OF DISPOSITION		20b. PLACE AND DA		Rd. Balt:	IMOre,		21239		Contra
	1X Burial 2 Cremation 3 Ramov 4 Donation 5 Other (Specify)		cametery, crematory of Moreland	v other place)		1		ville		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME	ANO ADORESS OF FA	CILITY				
	· Ha	1/1		Ruc. 105	k Towson E O York Rd.	Tows	l Hom	ne, In	204	
	23. PART I. Entar the diseasea, or co ahock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	ACUTE CE	n each line.	CULAR A		h as cardia	c or reapl	ratory arres	st,	Approximate Interval Between Onset and Daath 4HOUR
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		S A CONSEQUENCE							
AL C	PART II. Other significant conditions	contributing to deat	h but not reaultin	g in the underly	ring cause given in	Part I. 2	4a. WAS AN	AUTOPSY		RE AUTOPSY FINDINGS
2	ASPIRATION PNEU				A		PERFOR		co	MILABLE PRIOR TO MPLETION OF CAUSE
PHYSICIAN: MEDIC	GASTROINTESTINAL							Calino		OEATH?
ž	DID TOBACCO USE CONTRI	BUTE TO CAUSE	OF DEATH	YES 🗆 NO	☐ UNCERTAI	N 🗆				_ ^`
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF D	OTHER:	ne)					
IYS	1 TYES 2 NO	Annettant 2 ER/C		4 - Nursing H	ome 5 Residenca					
BY Pt	1 Natural 5 Pending 2 Accident investigation	28a. DATE OF INJUF (Month, Day, Yea		INJURY	INJURY AT WORK? YES 2 NO	28d. DESCR	RIBE NOW IN	IJURY OCCU	RED	
LETED I	3 Suicide 8 Could not be 4 Homicide detarmined	26a. PLACE OF INJU building, atc. (S	JRY — At home, tarr Specify)	n, street, tactory, o	ffica	28t. LOCAT City or	ION (Street a Town, State)	nd Number or	Rural Route	Number,
•	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my kr								d mannar as stated.
BB CO	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			29d. DATE S	SIGNEO (MO	nth, Day, Year)
٥	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF	DEATH (ITEM 27) (7)	pe, Print)		. ,			1309	14
	E. LEE ROBBINS, M	.D., 1205 YC	PRK RD., L	UTHERVIL	LE, MD. 210	93				
	OCT 0 3 1994	32. REGISTRAR'S SI								
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9.0. BOX 68760,	certificate be executed within four
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VITAL RECORDS, P.O. BOX 68760,	AN: The law requires that the death certificate be executed within cours
F VITAL RECORDS, P.O. BOX 68760,	ISICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

This pertificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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TO THE HOSPITAL. A APPLICATE THIS CLAN: The law requires that the death certificate be executed within a four's after death. Page 6 may be retained by the hos	TO THE FUNERAL, to equal Aria filing certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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j	0	be filed within 72 hours are the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	#
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	1 - FOR STATE OF REGISTRAR		DEPARTMEN			MENTAL HYGIE				
48.05	1. DECEDENT'S NAME (First, Middle, Last) MARY ELIZAB					2. DATE OF DEATH			OO a M	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH 8. BIRT			CE (State or Foreign	
	218-07-0166 1 M 2 X F 9e. FACILITY NAME (If not institution, give street and number)					DAYS HOURS MIN. (Month, Day, Year) 01-20-24			Country)	
NC.	1514 N. KENWOOD AVEN	35. 6		timore	CITY	- 97)NE			
CTC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY					CITI	1110			
DIRECTOR	- 22 LT - 20 L	NONE			BALTIMORE C				INSIDE CITY LIMITS?	
	100. STREET AND NUMBER			ZIP CODE	CITY	10g. CITIZE		YES 2 NO		
FUNERAL	1514 N. KENWOOD AVEN			21213		Unit	ed S	tates		
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ВУ	3 Wildowed 4 Divorced IF YES, GIVE	WAR OR DATES 12							AMERICAN	
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Giv	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working			16b. KIND OF BUSINESS/INOUSTRY				
COMPLETED	Elementary/Secondery (0-12) College (1-4 or 5	+) TR.	RINING AND REVIEW			SOCIAL SECURITY			z	
OM	17. FATHER'S NAME (First, Middle, Last)		CLER	K	18. MOTHER'S NA	ME (First, Middle, Maid	en Sumama)			
BE C	JOHN LEE					F. CAR	,			
0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 94111					94111		
	STANLEY G. PHILLIPS 20. METHOD OF DISPOSITION	44	O DAV	IS C'	r. #190				CALIFORN	
	1 Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) FNTOMBME	20b. PLACE AI	ND DATE OF DISPO Detary or other piec TITITE M	OSITION (Ne e) TOMOD	me of 10/5/ IAL PAR	9 4PATE 20c. 1	OCATION — CIT		1	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ARDI		2. NAME AN	D ADDRESS OF FA	ALTIMORE	LTIMOF PRE	STON	STREET	
	Halven D.	PALLO				ALTIMORE CRUGGS,			OME	
	23. PART i. Enter the diseases, or complications the	at coused the dwa	tty. 00 not ent	er the mo	de of dying, eucl	h ee cerdiac or res	piratory erres	t,	Approximete	
	ehock, or heert fellure. Liet only one cause on each line. Interval Between Onset and Death									
	disease or condition resulting in death)									
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<u>ē</u>	Sequentisily liet conditione, if any, leading to immediata DUE TO (OR AS A CONSEQUENCE OF):									
CA	Cause. Enter UNDERLYING CAUSE (Disease or injury									
CERTIFICATION	that initiated events resulting in death) LAST	(OR AS A CONSEOU	JENCE OF):							
	d.									
CAL	PERFORMED?							AVA	LABLE PRIOR TO	
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PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CA	USE OF DEAT	H YES 🗆	NO D	UNCERTAIN			1 1	YES 2 NO	
CIA	25. WAS CASE REFERREO TO MEDICAL EXAMINER?		OF DEATH (Chec	k only one)	0110 <u>2</u> 1117111					
YSI	1 VES 2 NO 1 Inpatient 2	ER/Outpatient 3		ursing Hom	5 Residence	8 Other (Specify)				
	27. MANNER OF DEATH 28e. OATE O (Month, i) Natural 5 Pending		28b. TIME OF INJURY	28c. INJI WO	RK?	28d. OESCRIBE HOW	INJURY OCCUP	REO		
BY	2 Accident Investigation 3 Suicide 8 Could not be	M 1 YES 2 NO		281. LOCATION (Street and Number or Rural Route Number.			Number.			
COMPLETED	4 Homicide determined building		City or Town, State)							
PLE	29e. CERTIFIER (Check only Check on Chec									
OM	one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse							ceuse(e) end	manner ee stated.	
BE C	290. SGNATURE AND TITLE OF CONTIFIED		29c. LICENSE N				SIGNEO (Month, Day, Year)			
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAL				13337	0	10	13/9	Y	
7	John F. TOKUIN	-	27) (Type, Print)	-	18	Balto	1/1/4	,		
	31. DATE FILED (Month, Oay, Year). 32. REGISTR	AR'S SIGNATURE		20 (٧/	11-110	F1413			
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

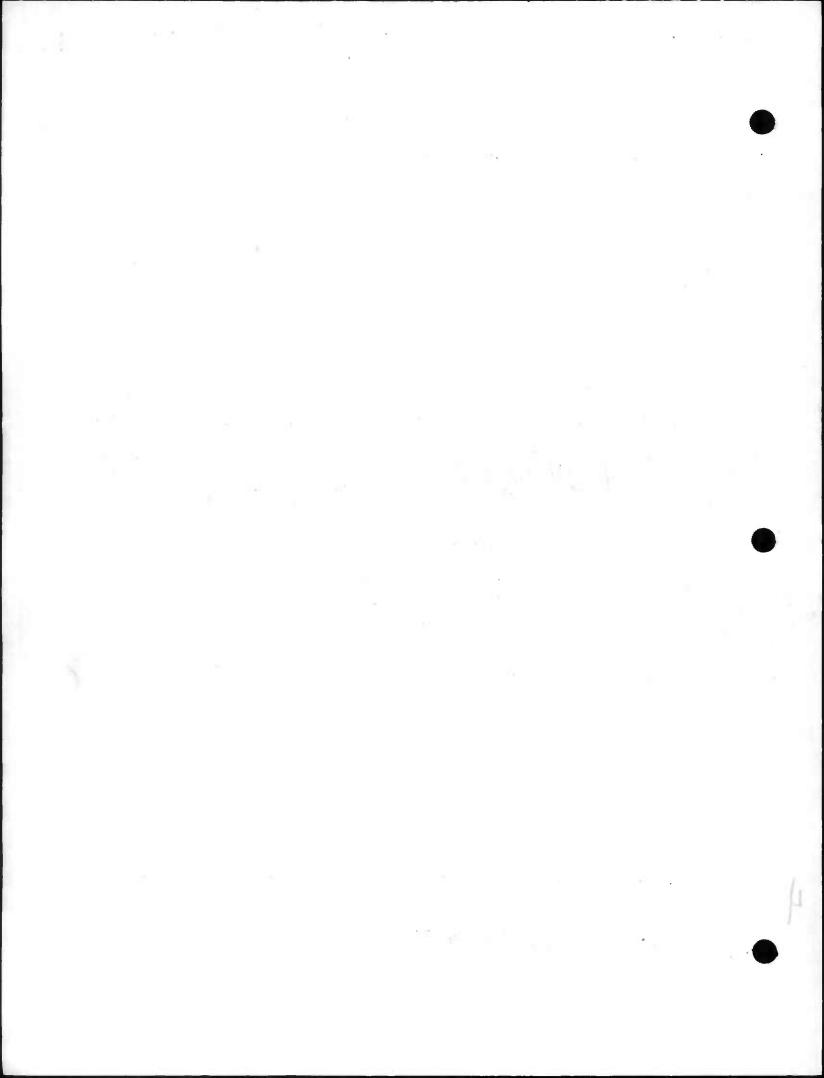
h. Page 6 may be retained by the hospital or attending physician. eral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune		the proportion of the contract
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3	th	etely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	41
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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	_	TEGIOTIVIT					CAIL	DEATH	HEG. NO			
		1. DECEDENT'S NAME (First	Middle, Last)		/	11	7-63	_	2. DATE OF DEATH MONTH D	NY .	YEAR, 3.	TIME OF DEATN
-1		PIEKSANTI				HLLCE		09 30 94			1110 AM	
		4. SOCIAL SECURITY NUME 217-03-026			AGE (In you last		IF UNDER 1 YEAR	The state of the s	7. DATE OF BIRTN (Month, Dyly, Year)	1	Country)	ACE (State or Foreign
				1 M 2 F	28	YRS.			2/13/	06		taly
	œ	9e. FACILITY NAME (If not in		treet and number)			9b. CITY, TOV	N OR LOCATION OF DI		9c. COUNT	Y OF DEAT	IN
	СТОВ	THGC RESIDENCE OF DECEDENT					10a	1+imor	e	<u> </u>		
	ш	10e. STATE	10b. COUNT	Υ		10c. CITY	TOWN OR LO	CATION			10	id. INSIDE CITY
	DIR	MD	Bal	timore		Ba1	timore				1	LIMITS? YES 2 X NO
	AL	10e. STREET AND NUMBER						101. ZIP CODE 10g. CITIZEN OF		EN OF WNA	AT COUNTRY?	
	FUNER	4422 Glenmore Avenue						21206 U.S.A		1		
	5	11. MARITAL STATUS		12. WAS DECEDENT EV FORCES? 1	YER IN U.S. ARI	MED	13. WAS	DECENDENT OF NISPAI specify Cuben, Maxice	NIC ORIGIN? (Specify Yes	or No- 1	4. RACE —	American Indian, thite, etc.
	<u>~</u>	1 Never Merried 2 Merried FORCES? 1 YES 2X N 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES				1 YES 2 NO Specify:					Specify:	hite
			EDENT'S EDU	CATION	160 050	CEDENTIC	 	AT-104				mile
	ETE	(Specify onli Elementary/Secondary (I	y highest grade	completed)	(Gh	ve kind of w	S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY work done during most of working use retired.)					
	PL	12 Years	5	College (1-4 or 5+)		Taylor			Dry Cleaning			
once.	COMPL	17. FATNER'S NAME (First, M								irst, Middle, Meiden Surname)		
at	ш	Diego Mar	coni				Campelli Annunzialo					
tiffed	TO B	19e. INFORMANT'S NAME (Type/Print)			19b	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)				-		
e 10	F	John Beld	astro	-		4422	Glenmo	re Avenue	Baltimore	, MD.	2120	06
other traumatic event, the medical examiner must be notified at once.		20e. METHOD OF DISPOSIT		oval from State	20b, PLACE A		F DISPOSITION	,)	CATION — CI		State
Ē		4 Donation 5 D Other			cenme			orv	10/03/94	Balto.	. MD.	
		21. BIGNITURE OF FUNERAL DERVICE LICENSEE					22. NAMI	AND ADDRESS OF FA	GUTY The Dip	pel Fu	inera	1 Home Inc
еха		7110 Belair Road Baltimore, Maryland 2120									land 21206	
dica		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line.										
E	- 1	IMMEDIATE CAUSE (Fir	1.0		On each line.	4						Onaet end Death
\$		disease of condition										
even				DUE TO (OR	AS A CONSEC	UENCE OF):					
atic	NO.	Sequentielly list condit	lons,	· mai	nur	TI	on					
raum	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING										
her	윤	CAUSE (Diseese or Inju		OUE TO JOR	AS A CONSEO	UENCE OF	3					
or of	E	rasulting in deeth) LAST										
ury,	2	0.07 (0.07 (0.07)										
any injury,	Ä	PAHT II. Other significa	s contributing to dea	oth but not re	suiting i	the underl	ing couse given in		art I. 24s. WAS AN AUTOPSY PERFORMED? 24b		ERE AUTOPSY FINDINGS WALABLE PRIOR TO	
ws an	EDICAL	Cecusitus vullys							1 🗀 YES 2			OMPLETION OF CAUSE DEATH?
	×	sip gastrostorny placement							YES 2 NO			
23	AN	AS AND CASE DEFENDED TO MEDICAL										
item	SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? EXAMINER? OTHER:										
0	PHYS	1 YES 2 NO		1 Inpetient 2 ER		26b. TIME		lome 5 Residence				
			Pending	(Month, Day, Y		INJU	JRY	INJURY AT WORK? YES 2 NO	26d. DEŞCRIBE NOW I	NJUHY OCCU	RED	
	B	3 Suidelde	Investigation	28a. PLACE OF IN	JURY At hor	ne, lerm, e			28L LOCATION (Street	and Number of	r Burel Bout	a Number
00		3 Suicida 6 Could not be 4 Nomicide determined 28s. PLACE OF INJURY — At home, larm, street, lectory, office building, atc. (Specify) 28s. PLACE OF INJURY — At home, larm, street, lectory, office City or Town, State)							a reumber,			
E	E	29e. CERTIFIER										
	COMPL	C(Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the bast of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
TAN	- 11	200 SIGNATURE AND TITLE OF CENTURED										
	R	296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, year)										
2	임	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
		The state of the s										
		31. DATE FILED (Month, Day, 1997) 4. 32. REGISTRAR'S SIGNATURE										
		001 0 0 13	(1 monden	Muse	_						



0200	g physician.
1215-(attendin
LAND 21215-0020	Page 6 may be retained by the hospital or attending
3YLA	d by the
, MAI	be retaine
IORE	в 6 тау
BALTIMORE, MARYL	death. Pag
B/	after d

PROPERTY AND THE CHARGE BEEN SIGNED BY the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should urs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

inn 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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ITAL RECORDS, P.O. BOX 68760,	ertific
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT					GIENE			
	1. DECEDENT'S NAME (First, Middle, Last)				TOATE		DEA		2. DATE OF DE				3. TIME OF DEATH
	Michael Jos	eph Rei	11y, J	r.					MONTH () 9	30		94	M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 MRS						7 DATE OF BIR	TH		8. BIRTI	IPLACE (State or Foreign	
	219-32-5552 1 M 2 D F 56 YRS. MONTHS							MIN.	May Dg	, 93	38	Par	Ma. Pa.
	9a. FACILITY NAME (If not institution, give s						R LOCATION			1	9c. COU	NTY OF D	DEATH
OR	4424 Hamilton Avenue Baltimore City								ity				
ᇈ	RESIDENCE OF DECEDENT												
FUNERAL DIRECTOR	Maryland Baltimore											10d. INSIDE CITY	
ור נ	10e. STREET AND NUMBER						ZIP CODE			1.	10a CITI	ZEN OF	1 YES 2 NO
RA	4424 Hamiltor	Avenu	۵			101	212				_		States
N N	11. MARITAL STATUS		TEVER IN U.S. AR	MED	13. 1	WAS DEC			IIC ORIGIN? (Spec	offy Yaa or			E - American Indian,
	1 Never Married 2 Married	FORCES? 1		10	1	f yea, spe	cify Cuba 2 NO	n, Mexica	n, Puerto Rican, e	(c.)		Blac	k, White, atc.
ВУ	3 Widowed 4 Divorced	1900	-1950				X	apoon,				Орос	White
E	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DE	CEDENT'S	work done o	CCUPATIO	N st of workin	ng .	16b. KIND (OF BUSIN	IESS/IND	USTRY	
Ä	Elamentary/Secondary (0-12)	College (1-4 or 5		sta	retired.)	SDA	cto	r Re	et. U.S	S . P	2051	ta 1	Dent.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 1 0			OPC							
ŏ	11. FATHER'S NAME (First, Middle, Last) 11. MOTHER'S NAME (First, Middle, Malden Sumame) Anna Bordereaux												
BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
2	Mrs. Dolores Reilly 4424 Hamilton Avenue Baltimore, Md. 21206												
	20a. METHOD OF DISPOSITION 1												
	21. SIGNATURE OF FUNERAL SERVICE LICE James J. Bl.	edden				Leon	nard	J.	Ruck,	In	C.	tim.	ore, 21214
	23. PARTY i. Enter the diseases, or o	omplications the	t caused tha de	ath. Do	not anter	tha mo	da of dyi	ng, suc	h aa cardiac or	reapirat	tory srr	est,	Approximata
	ahock, or haart fallure. I	List only ona cal	ise on each line	_									Intarval Batween Onsat and Daath
	disease or condition resulting in death)		Jung	(all	1105	5							
Ì	Touching in Cauchy	OUE TO	NOR AS A CONSEC	DUENCE O	F):	,							
Z	Sequantially list conditions,	b											
TIFICATION	if any, laading to immadiata	DUE TO	(OR AS A CONSEC	DUENCE O	F):								
5	CAUSE (Disesse or injury	C. OUE TO	(OR AS A CONSEC	WENCE O	ъ.								
Ē	that initiated aventa resulting in death) LAST		(ON AS A CONSEC	JOENCE O	r):								
CER		d											
	PART II. Other aignificant condition	a contributing to	death but not re	asulting	in tha un	derlying	cause g	iven in	Part i. 24s. W	AS AN AU		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Did									1 1	YES 2	NO	1	COMPLETION OF CAUSE OF OEATH?
ME													1 YES 2 TNO
ä	DID TOBACCO USE CONTI	RIBUTE TO CA					UNC	ERTAIN	V 🖂 🕂				
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			TH (Check of	_							
IYS	1 YES 2 1 NO		ER/Outpatlant 3				5 7 B	eldenca					<u>, </u>
	1 Natural 5 Pending	28a. DATE OF (Month, D		28b. TIN	JURY M	28c. INJI	RK?		28d. DESCRIBE	HOW INJU	URY OCC	CUREO	
BY	2 Accident Investigation 3 Suicide Could as be	28a. PLACE C	F INJURY — At ho	me. term.	street facts		ES 2	NO	281. LOCATION (Stmat and	Alumbac	as Rumi i	Pouto Mumbos
ETED	3 Suicide 8 Could not be 4 Homicide determined	building,	atc. (Specify)			ory, ornice			City or Town,		rvumber	or Murai I	route Number,
7	29a. CERTIFIER 1 Check only	CIAN: To the best of	my knowledge, de	ath occurr	ed at the ti	me, data	and place,	and dua	to the cause(s) as	nd menne	r an stat	ed.	
COMPL	one) 2 MEDICAL EXAMINE												and mannar as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	in					29er LICE	NSE NUN	IBER 7	2	9d. DATI	SIGNED	(Mony Day, Year)

DID TOBACCO USE CONTI	KIBUTE TO CAUSE OF DEA	TH AF2 T	NO LI UNCERTAL	N U
25. WAS CASE REFERRED TO MEDICAL	26. PLAC	E OF DEATH (Check	only one)	
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	OTHE	8 Other (Specify)	
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED
3 Suicide 8 Could not be	28a. PLACE OF INJURY — At hor building, atc. (Specify)	me, tarm, streef, fac	tory, offica	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

			A	
296. SIGNATURE AND TITLE OF CERTIFIER	29-LICENSE NUMBER	29d. DATE SIGNED	(Month)	Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type

_	170			17/0 (11/0/07	40000	0-07	_	0111	_
	NYO	THANT	2103	HARMUNY	CANDE	RO		200	_

31. DATE FILED (MON'S DISSES 4

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BALTIMORE, MARYLAND 21215-0020

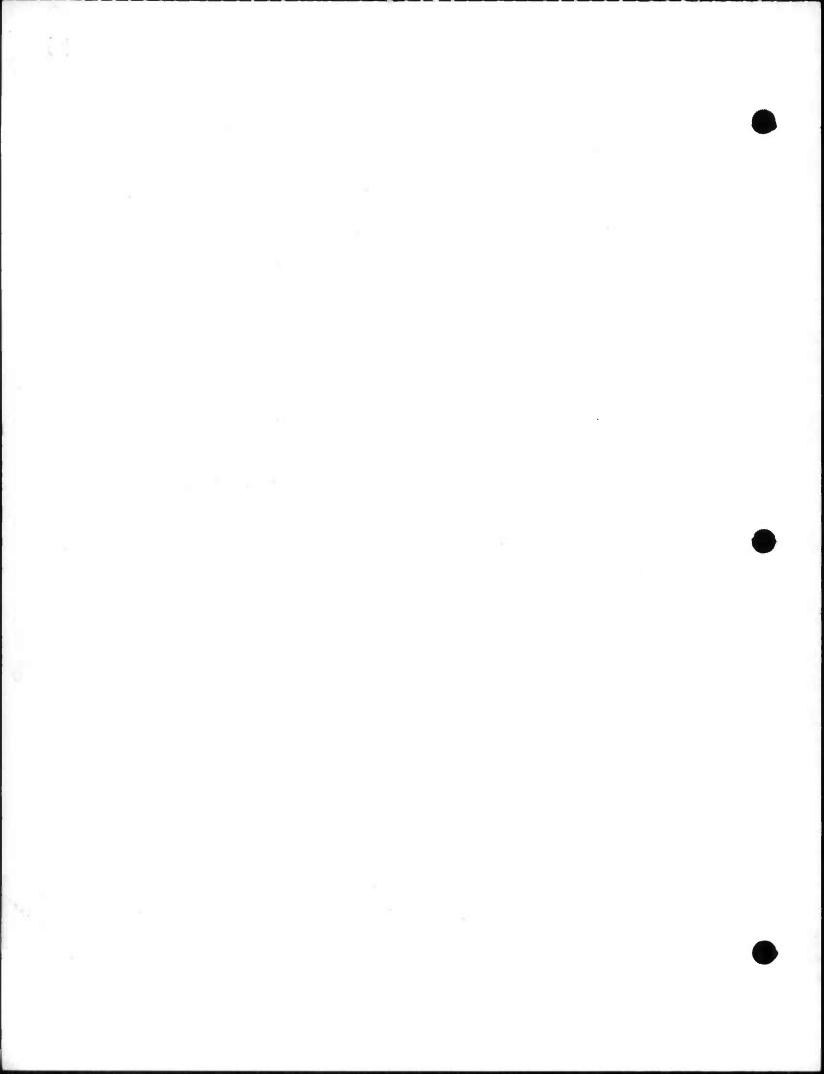
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Hospital or an equires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

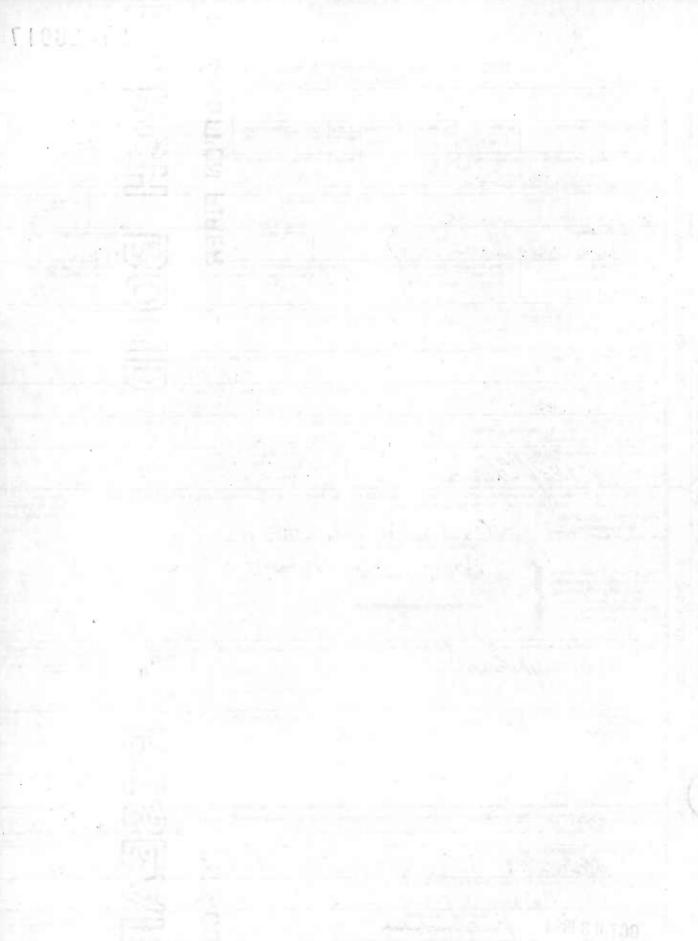
	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTA	L HYGIEN	E				
The state of the s	1. OECEOENT'S NAME (First, Middle, Lest)	Fay		chman		2. DATE MONT	OF DEATH B	-26-	94	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 176 07 8822	5. SEX 6. AGE (In yrs. last birthday) 3 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH th, Day, Year) 20−19	01	Country Oh	PLACE (State or Foreign) L O		
æ	9e. FACILITY NAME (If not institution, give s Suburban Hosp:	•			CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH		
CTO	RESIDENCE OF DECEDENT			Bethes				Mont	gom	ery Co		
DIRECTOR	Maryland Mon	tgomery Co		ockvil						10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	10e. STREET AND NUMBER	101		10g. CITIZEN OF WHAT COUNTRY?								
FUNERAL	261 Congress	13. WAS OEC	NIC ORIGII		JSA 14. RACE	— American Indian.						
В	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		II yea, sp	2 NO Specif	n, Puerto			Black, Specif	White, etc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest gradu Elementery/Secondary (0-12)		18a. DECEDENT'S (Give kind of w life. Do NOT use	ork done during mo	ON st of working	168	. KIND OF BUS	INESS/INDU	STRY			
COM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			,				
В	Nathan Richma 19a. INFORMANT'S NAME (Type/Print)	a n	TON MAIL INC	ADDRESS (O	Sylv:		Lifsh					
5	Eleanor Flyer									0852		
	Eleanor Flyer 11204 Marcliff Road, Rockville, MD20852 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION - City or Town, Steta											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W. Baltimore St, Balto, MD21201											
	23. PART I. Entar the diseasea, or ehock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one couse on e	ech line.							Approximate interval Between Oneat and Death		
CERTIFICATION	disease or condition resulting in death) a. Acute Mule Conditions, if smy, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST a. Acute Mule Conditions, Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):											
EDICAL	PART II. Other significent condition	ns contributing to death b	ut not resulting in	n the underlying	cause given in	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YE	S 🗆 NO 🗆	UNCERTAI	N 🗆				1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF OEAT	H (Check only one)								
HYS	1 YES 25 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	atient 3 DOA	4 - Nursing Hom	5 Residence	_	F (Specify)	LIURY OCCU	RED			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	JUNI	JRY WO	RK? ES 2 NO							
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, lerm, st	treet, fectory, office			ATION (Street a. or Town, State)	nd Number o	r Rural Ro	oute Number,		
COMPLETED		ICIAN: To the best of my knowl								and menner as stated.		
ш	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI					Month, Qey, Year)		
TO B	(This age age	Alvers	, V-	>	D26	52	0	> C	1/2	6/94		
	30. NAME AND ADDRESS OF PERSON WH	LOP CAUSE OF DE	AIH (ITEM 27) (Type,	Sheel-	Charles	RS	Ro	e Rall	Do N	vd 20850		
	31. DATE PLED (Month, Day Year)	32. REGISTRAR'S SIGNA	ATURE	2)			0000	<u>~</u> ,·	3.000,70		



	,	pin	
BALTIMORE, MARYLAND 21215-0020	e law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be to Reath and Mental Hygiene prior to burial, cremation, or removal.	idical examiner must be notified at once.
ISION OF VITAL RECORDS, P.O. BOX 68760	THIRMS PHISICIAN: The law requires that the death certificate be executed with noun	The Arm The certificate has been signed by the attending physician and completely filled in by the transformation, or removal.	28 is pertent, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, LE THERESA HENRI			IFICATE OF		2. DATE OF	DEATH DAY 1	YEAR.	3. TIME OF DEA		
		HERESA HENRIETTA STOETZER CHAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. leat birthday) 6 UNDER 1 YEAR 6 UNDER 24 P						94	6.7		
	218-42-0909 9s. FACILITY NAME (If not institution, g	1 🗆 M 2 🙀 F	85 YR	S. MONTHS DAYS	HOURS MIN.		1,1909	Country)	LAND		
TOR	CHARLESTOWN CAR	E CENTER			TONSVILLE	TIMORE					
L DIRECTOR	10e. STATE 10b. COU MARYLAND 10e. STREET AND NUMBER				ONSVILLE	ONSVILLE 10 V					
RA	711 MAIDEN CHOIC	CE IANE	APT-1102	10		21228 10g. CITIZ					
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDE FORCES?	NT EVER IN U.S. ARMED 1 YES 2 7 NO WAR OR DATES	If yes, o	CENDENT OF HISPAI pecify Cuben, Mexica S 2 NO Specifi	NIC ORIGIN? (S	Specify Yes or No— en, stc.)	U.S.A 14. RACE - Black, Specify:	- American Ind White, etc.		
ETED	15. DECEDENT'S I (Specify only highest g		(Give king	IT'S USUAL OCCUPATE of work done during m of use retired.)	ION lost of working	16b, KI	ND OF BUSINESS/IN	DUSTRY			
PLE	Elementery/Secondary (0-12) 12TH GRADE	College (1-4 or 5	MAKER		1	HOMEMAKI	INC				
COMPL	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NA	ME (First, Mide	dle, Maiden Surname)	LING						
BE C	JOSEPH DEPPE	ISE FR	ANKE								
TO E	19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
_	DONALD G. STOETZER 6240 BELMONT CIRCLE - MT AIREY, MD 21771 206. METHOD OF DISPOSITION DATE 20c. LOCATION - City of Town, State										
	SV Burial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) MOST HOLY REDEEMER CEMETERY										
1	21. SIGNATURE OF FUNERAL SERVICE		1.1001 1101	22. NAME A	ND ADDRESS OF FA	CILITY	ME THE				
	HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE- BALTIMORE, MD. 21229										
	23. PART I. Enter the diseases, shock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Ca	rdiopulm	4107	WILKENS	AVENU	E- BALTIM	MORE,	Approxim		
MIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Due no	use on each line.	4107 Do not entar the monary	WILKENS	AVENU	E- BALTIM	ORE,	Approxim		
CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, isading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	a. Due To e. Due To d.	O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	4107 Do not entar the mo	WILKENS ode of dying, suc Arrect	AVENUI	E— BALTIM c or respiratory as	24b. V	Approxim Interval E Onset an		
MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due To e. Due To d.	O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	4107 Do not entar the mo	WILKENS ode of dying, suc Arrect	AVENUI h as cardiad	E- BALTIM	24b. V	Approxim Interval B Onset and Onset		
AN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. DUE TO b. DUE TO c. DUE TO d	O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	4107 Do not enter the months of a Cy E OF): E OF): E OF): 26. F	WILKENS ode of dying, suc Arrect	AVENUI h as cardiad	E— BALTIM c or respiratory at	24b. V	Approxim Interval B Onset and Onset and WERE AUTOPSY F WAILABLE PRIOR OMPLETION OF		
AN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART ii. Other significant conditions are sufficient conditions.	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Input lent 2	O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	4107 Do not enter the months of y E OF): E OF): E OF): 26. F A Winning Hor	WILKENS ode of dying, suc Arrect ing cause given in PLACE OF DEATH (Ch	Part i. 24	E— BALTIM c or respiratory as 1a. WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. V	Approxim Interval B Onset and Onset		
PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are supported by the conditions of the conditions of the cause of the c	B. DUE TO B. DUE TO C. DUE TO DUE T	O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	4107 Do not enter the months of a Cype of the Cype of	WILKENS ode of dying, suc Arrect ing cause given in	Part i. 24	E— BALTIM c or respiratory as 1a. WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. V	Approxim Interval B Onset and Onset		
TED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are summer and the cause of the conditions of the conditions of the cause of the cau	a. DUE TO b. DUE TO c. DUE TO d. Tolons contributing to the partial tolons on (Month, on building building building building be building b	O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	4107 Do not enter the model of the corp. E OF): E OF): E OF): 26. P A 4 X turning Hor TIME OF NUTRY M 1	WILKENS ode of dying, suc Arrect ing cause given in PLACE OF DEATH (Ch me 5 Residence UURY AT ONK? YES 2 NO	Part i. 24 1 Pack only one) 6 Other (S 286. DESCR	E— BALTIM c or respiratory as In. WAS AN AUTOPSY PERFORMED? YES 2 YNO	24b. V	Approxim Interval B Onset and Onset and WERE AUTOPSY F MAILABLE PRIOR COMPLETION OF OF DEATH? U YES 2		
ETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of the condition of the condition of the cause of the	a. DUE TO b. DUE TO c. DUE TO d	O (OR AS A CONSEQUENCE OF (OR	4107 Do not enter the model of	WILKENS ode of dying, suc Arrect Arrect ing cause given in PLACE OF DEATH (Ch me 5 Residence LIURY AT ORK? YES 2 NO ce	Part i. 24 1 Part i. 24 1 28d. DESCR 28f. LOCATH City or 1	E— BALTIM C OF respiratory and Is. WAS AN AUTOPSY PERFORMED? YES 2 (NO Specify) ON (Street and Number Gown, State)	24b. V A C C C I 1	Approximintarvel E Onset an On		
TED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are suiting in death and immediate cause. Examiner? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigate and Suitede 8 Could not determined to the condition of the condition	B. DUE TO	O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	4107 Do not enter the model of	WILKENS ode of dying, suc Arrect Arrect ing cause given in PLACE OF DEATH (Ch me 5 Residence LIURY AT ORK? YES 2 NO ce	AVENUI h as cardiac Part i. 24 1 Cock only one) 6 Other (S 26d. DESCR 26f. LOCATH City or 1	E— BALTIM To or respiratory as Takes an Autopsy Performed? YES 2 NO ON (Street and Number Cown, State) ON (Street and Number Cown, State)	24b. V 24b. V A C C C T 1 CCUREO or or Rural Root steed.	Approximintarval E Onset an On		

DHMH-16 Rev 1/89



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

OSTON NOT NUEST |

31. DATE FILED (Month, Day, Year)

32. AEGISTRAT'S SIGNATURE

OCT 03 1994

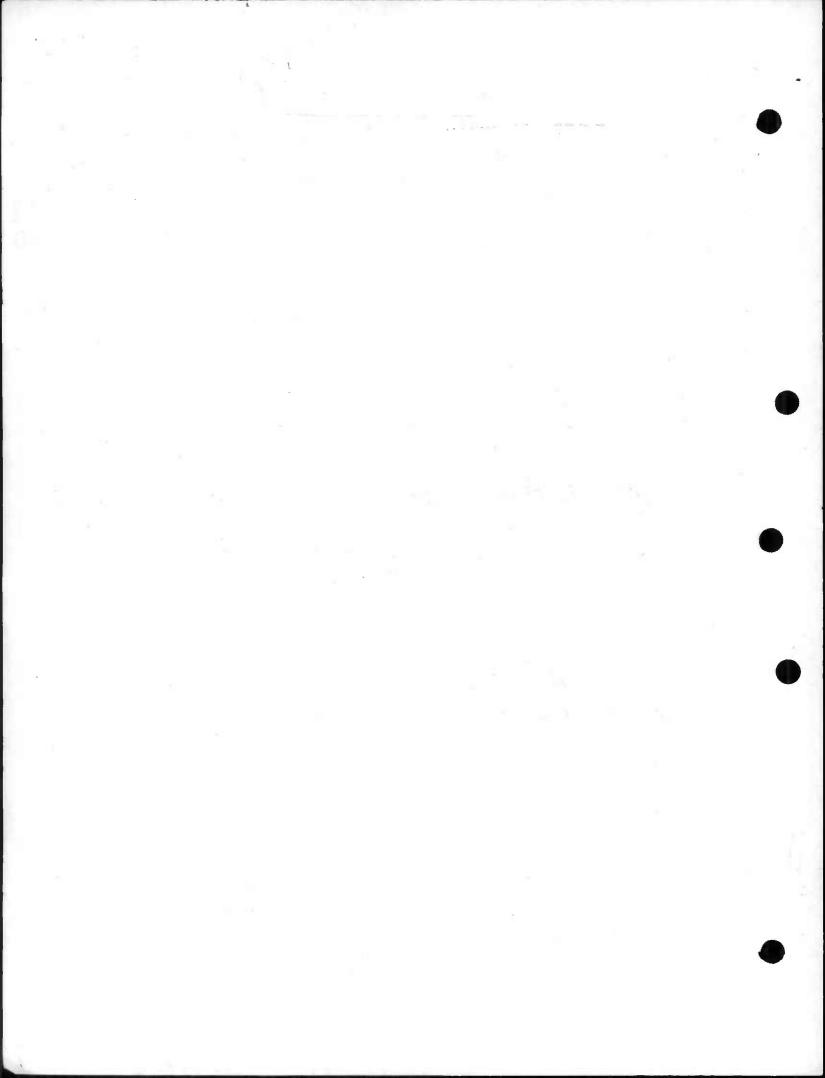
OCT 03 1994

	BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician,	d in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages or removal.	medical examiner must be notified at once.
N	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within vertoons after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	Item1 10-3-9	94 Film	G716 W.	н.Р	er 1	F/H					9	-}	20910
	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /			T OF H				YGIENE G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	2 0	Empa El	liza	bet!	n Sm	ith	-	2. DATE OF D	EATH DAY	,	YEAR	3. TIME OF DEATH
	-tmma	-6-3A		ЕММА Е	. SMI	TH			10	2		94	11_A_ M
1	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. las	l birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BI (Month, Day,			8. BIRTH	PLACE (State or Foreign
	217-03-1768	1 L M 2 M F 100 YRS.					HOURS	Min.	Nov 14		93	'	yland
	9e. FACILITY NAME (If not institution, give at	treet end number)			9b. CIT	Y, TOWN O	LOCATIO	ON OF DE				TY OF DE	
DIRECTOR	Northwest Hospit	tal Cente	1 Center Randallstow					stowi	wn Baltimore Co				ore County
[RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,		I 10c CIT	V TOWN	OR LOCATI	ON.						10d. INSIDE CITY
<u>E</u>	Maryland Balti	imama Ca											LIMITS?
	100. STREET AND NUMBER	imore Co.	<u> </u>	w	oods		ZIP CODE	F .			10o. CITIZ	ZEN OF W	1 TYES 2 NO
FUNERAL	10203 Davis Ave.						1163						
IŠ	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AR	MED	13.				IIC ORIGIN? (Sp	ecify Yee	US or No.—		— American Indien,
	1 Never Married 2 Merried	FORCES? 1 IF YES, GIVE W	YES 2 NA POR DATES	0P		If yes, spe 1 YES	elfy Cube	n, Mexicer	n, Puerlo Rican,	etc.)		Black Specil	t, White, etc.
BY	3 KNVidowed 4 Divorced						- LX NO	Specify	,. 			Speci	White
COMPLETED	1S. DECEDENT'S EDUC (Specify only highest grade		(G	ive kind of	work done	CCUPATION during mos	N L of workin	ia.	16b. KIND	OF BUSI	NESS/IND	USTRY	
	Etementary/Secondary (0-12)	College (1-4 or 5	+) life.	. Do NOT u	se retired.)			9					
ei G P	Unknown		H	omema	aker								
	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle,		iumame)		
BE	Frederich Schmid	it							Newman				
2	19e. INFORMANT'S NAME (Type/Print)								Route Number, Ci		State, Zip	Code)	
	Mrs. Pearl Smith					is Av		Woo	dstock			1163	
TO BE CON	1X Buriel 2 Cremetion 3 Remo	oval from State	206. PLACE I cemetery, cre Loudon	metory or o	ther niece	1			10-5		timo		wn, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	11.		22.	NAME ANI	ADDRES		GLTY Funeral			- 171/1/	
a year	John K	Hym	ر نا	_					Rd. Ra				
E I	23. PART I. Enter the diseases, or o	omplicetions the	t ceused the de	eath. Do i	not ente	r the mod	le of dyi	ng, suct	h es cerdiec d	or respin	atory arre	est,	Approximate
	ehock, or heart fallure. I	List only ona cau	ise on aach line	e distant									Intarval Batween Onset and Death
	disease or condition resulting in death)	m	wardy	al)	men	noti.	an)						
		DUE/TO	IOH AS A CONSE	OUENCE O	F): /	dio	- J. S S S S S S S						
Z	Sequentially list conditions,	L (8)	Monary			GINE	11.02)					
ERTIFICATION	if any, leading to immediate	DUE TO	(OR AS A CONSEC	QUENCE O	fi:()								
2 2	CAUSE (Diseese or injury	C	(OD 40 4 00)		_								
	that initiated events resulting in death) LAST	002 10	(OR AS A CONSEC	DUENCE O	r):								
		d											
3	PART II. Other significant condition		deeth but not r	reaulting	In tha u	nderlying	ceuse g	given in		WAS AN A		24b.	WERE AUTOPSY FINDINGS
MEDICAL	amorie much	alogail	Lu							PERFORM	1		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
VE C		/	\mathcal{O}							25			1 YES 2 NO
	DID TOBACCO USE	CONTRIBUT	E TO CAU	SE OI	F DEA	TH Y	ES [] NC) [J]/				
PHYSICIAN:	2S. WAS CASE REFERRED TO MEDICAL EXAMINER?						CE OF D	EATH (Che	eck only one)				
ASI(1 TES 2 NO	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHE		S 🗆 Re	sidence	8 Other (Spe	cify)			
P. E.	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIM	IE OF JURY	28c. INJU WOF			28d. DESCRIB	E HOW IN	JURY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigation				М		ES 2 [NO					
2 0	3 Suicide 8 Could not be	28e. PLACE O building,	of INJURY - At ho atc. (Specify)	me, term,	street, tec	tory, office			28t. LOCATION City or Tow		nd Number	or Rural R	loute Number,
ETE	4 Homicide determined												
COMPLETE		CIAN: To the best of	my knowledge, de	ath occurr	ed at the	time, date o	end place,	end due	to the cause(e)	end menr	ner as state	ed.	
OM	one) 2 MEDICAL EXAMINE	R: On the beele of e	xamination end/or	investigation	on, in my	opinion, de	ath occur	ed at the	time, date end p	place, end	due to the	e ceuse(e)) end menner ee stated.
ЕШ	296. SIGNATURE AND TITLE OF CERTIFIER	له					29c. LICE	NSE NUM	ABER		29d. DATE	SIGNED	(Month, Day, Year)
0 8	/ODOLON /	D					D	28	46	2	P 10	5/2/	194
1 6	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CALL	SE OF DEATH /ITE	M 27) /Time	Drint)							1-1	

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DIVISION OF VITAL RECORDS, P.O. BOX 6870

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examiner must be notified at once.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal.
le funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1,	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1,
death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with after death. Page 6 may be retained by the hospital or attending physician.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			ENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) ELSE (E	ie) M.	Scantic	1	T-	2. DATE OF DEATH	9 4 YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		in yrs. last birtnday) IF	UNDER 1 YEAR		7, DATE OF BIRTH	6. BIRTHPLACE (State or Foreign
	212 00 4272	1 🗆 M 2 💢 F	/9 YRS.		HOURS MIN.	(Month, Day, Year) 1 1 - 2 - 1 4	GERMANY
Œ	9a. FACILITY NAME (If not Institution, give str		96.		IMORE	TH 9c. C	COUNTY OF DEATN
CTO	RESIDENCE OF DECEDENT	-					
DIRECTOR	MARYLAND 106. COUNTY			BALTIM			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				ZIP CODE	10g. (1 ☒ YES 2 ☐ NO CITIZEN OF WHAT COUNTRY?
FUNERAL	3102 O'DONNELL				224		US
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	II yea, spec	ify Cuban, Maxican,	ORIGIN? (Specify Yea or No- Puarto Rican, atc.)	Black, Whita, atc.
ВУ	3 🕅 Wildowed 4 🗌 Divorced	IF TES, GIVE WAR OR D	Ales	1 U YES 2	NO Specify:		Specify: WHITE
COMPLETED	15, OECEDENT'S EDUC. (Specify only highest grade of	completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done durina most	of working	16b. KIND OF BUSINESS	INDUSTRY
APLE	Elementary/Secondary (0-12) 8 YEARS	College (1-4 or 5+)	CLERK	,		GERMAN POL	ICE DEPT.
S	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maiden Surnam	10)
BE	19a. INFORMANT'S NAME (Type/Print)	В	USCH	DRESS (Street and	? 1 Number or Burst Box	ute Number, City or Town, State,	Zin Covies
유	LAW OFC. DRAGER				ET SUI1		TO. MD. 21202
	20a, METNOD OF DISPOSITION 1 Durial 2 Cremation 3 Ramo	val from State 20b.	PLACE AND DATE OF DI	SPOSITION (Name	eof	OATE 20c. LOCATION	I — Cify or Town, Stata
	4 Donation 5 Other (Specify)						O. CITY MD.
1 (Vallent Harry	undi.				UNERAL HON	
	23. PART I. Entar the diseases, of c	mplications that caused	ths desth. Do not e				TO. MD. 21224
	ahock, or heart fellura. IMMEDIATE CAUSE (Finsi	ist only ona causs on ea	ach lins.				Intsrval Batween Onsat and Death
	disease or condition resulting in dasth)	DIE TO CO AS A	CONSEQUENCE OF:				L martic
z		CM7		strictiv	e nili	n disease	10 year
ATIO	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF):	-11 00=111	Poss		
IFIC	CAUSE (Disease or Injury that initisted events	OUE TO (OR AS A	CONSEQUENCE OF):				
CERTIFICATION	resulting in death) LAST						
AL C	PART II, Other significant conditions	contributing to dasth b	ut not resulting in th	ne underlying	csuss given in Pa	art I. 24a. WAS AN AUTOP:	
MEDIC						1 TES 2 TAO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						_	1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLA	CE OF OEATH (Check	k only one)	
YSIC	1 □ YES 2 □ NO	HOSPITAL: 1 ☑ Inpatiant 2 ☐ ER/Outp	atlant 3 DOA 4	HER: Nursing Nome	5 Realdence 6	Other (Specify)	spital.
	27. MANNER OF OEATN 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WOR		ed. OESCRIBE NOW INJURY	OCCUREO
р Вү	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJURY building, atc. (Spec	— At home, farm, street			ter. LOCATION (Street and Num	nber or Rural Route Number,
ETEL	4 Nomicide determined	bullding, atc. (Spec	этуу			City or Town, State)	
COMPLETED						the cause(a) and manner as	
	29b. SIGNATURE AND TITLE OF CERTIFIER	. Of the basis of susmination	and/or investigation, in		Rh occured at the tir		to the cause(a) and manner as stated.
) BE	Richard	His 1	MO		D 43'	0.73	DATE SIGNED (Month, Oay, Year) 9-05-9A
10	30. NAME AND ADDRESS OF PERSON WHO		ATN (ITEM 27) (Type, Prin		- 10	A = ===	
	31. OATE FILED (Month, Day, Year)	L 32. REGISTRAR'S SIGN	11 de 19	, Kalt	imore n	10 2120F) .
	OCT 0 3 1994	This Deniem K					

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) William	Edward	Smith		Sept, 2	8 ,1994	3. TIME OF DEATH 2:22 P
	4. SOCIAL SECURITY NUMBER 214-18-23 5 6	5. SEX 6. AGE (In y)	rs. last birthday) IF UNDER 1: YRS. MONTHS II	YEAR IF UNDER 24 HRS. MAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
TOR	9a. FACHITY NAME (If not institution, give s MID GCA A 05 P RESIDENCE OF DECEDENT	treet and number)	9b. CITY, T	Ballo.	EATH	9c. COUNTY	OF DEATH
DIRECTOR	10a. STATES 10b. COUNTY	٧	10c. CITY, TOWN OR			-	10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO
FUNERAL	100. STREET AND NUMBER 1027 Catheral	Accet		101. ZIP CODE 2/20/	/	10g. CITIZEN	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	NIC ORIGIN? (Specify Year, Puerto Rican, atc.) fy:	IN? (Specify Yes or No— 14. RACE — American Indian, Black, While, sic. American Indian, Black, While, Sic. American Indian, Black, While,				
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Element of the property (0-12)	CATION 16: completed) College (1-4 or 5 +)	(Give kind of work done dur life, Do NOT use retired.)	UPATION Ing most of working	Olive	SINESS/INDUST	7
BE COM	17. FATT WARE (First, Middle, Last) Edward Smi	th		18. MOTHER'S N.	AME (First, Middle, Maider	Surname)	
TO B	19a. INFORMANT'S NAME (Typosprint)	benee	196. MAILING ADDRESS (SUKNW	Route Number, City or Tow	yg, State, Zip Coo	1239
	20s. METHOD OF DISPOSITION 1 B Burlel 2 Symmetrion 3 Rem 4 Donation 3 Other (Specify)	20b. PL	ACE AND DATE OF DISPOSITI	on (Neme of	DATE 20c, LC	MSLOZ	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE AN	Aute	22. NA	ME AND ADDRESS OF FA	un the	1639 BKO	N. Lway
	21 PART I. Enter the diseases, or shock, or heart feture. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List Drily Drie cause on each	rrest- app				inferval Between Onset end Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	b					
ابا	PART ii. Other eignificent condition		not resulting in the unde	riying ceuea given in	Pert i. 24s. WAS AF	AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICA	No acute con	conary occl	usion was	found	1 X YES	PIMEU?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO C.	AUSE OF DEATH	YES NO			
YSIC	1 YES 2 XXO	HOSPITAL: 1 ☐ Inpatient 2 X ER/Oulpatie	int 3 DOA OTHER:	g Home 5 - Rasidence			
ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	INJURY	ic. INJURY AT WORK?	26d. DESCRIBE HOW	INJURY OCCUR	ED
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY — building, stc. (Specify)	Al homa, farm, street, factor	, office	261. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED		ICIAN: To the best of my knowledg					nuse(a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIES	Bine mr	>	29c. LICENSE NU		29d. DATE SI	GNED (Month, Day, Year) -30-94
F	30. NAME AND ADDRESS OF PERSON WH Justin Bryne	,		General H	ospital		
	31. DATE FILED (MOPPL) 37. 1994	32. REGISTRAR'S SIGNATU	IRE	Julio Lui II	oprour		

Edward

214-18-2356

Mis Gen Hosp.

MD

1027 Cotheral Steet

Bakto.

Backo.

21201

MD

Olides Cofendin Inc

La venia Mills

1-8-1899

1621 BURNWOOD Rd. 21239

Mt Zion Cem Lansdowe, Md 50 At Miller + H 1659 N.

Terus A. Spence

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 687604

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremotal. Thours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIE REG. N		
1. DECEDENT'S NAME (First, Middle, Last) George Alb	ert Smi	th			2. DATE OF DEATH SEPT. 28,	^{DAY} 1994	YEAR 3. TIME OF DEATH
577 28 7494 1	M 2 □ F		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-19-24		e. BIRTHPLACE (State or Foreign Country) ew Hampshire
9a. FACILITY NAME (If not Institution, give stree 532 Palisades		91		OWNSV11			eArundel Co
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Anne	Arunde1C		OWN OR LOCAT				10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 532 Palisades		0 0		. ZIP CODE	032		1 YES 2 NO EN OF WNAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married	. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF HISPAI	NIC ORIGIN? (Specify 1 in, Puarto Rican, etc.)		IS A 14. RACE — American Indien, Black, Whifa, atc. Specify:
15. DECEDENT'S EDUCAT (Specify only highest grade con	Navy ION npleted)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mo	DN st of working	16b. KIND OF B	USINESS/INDU	White
12+	College (1-4 or 5+)			Enginee			
17. FATHER'S NAME (First, Middle, Last) Arthur Smith	1			16. MOTHER'S NA	ME (First, Middle, Meidle V Clara	,	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		Route Number, City or To		Code)
Marie C. Smith		532 Pa	lisad	es VBlv	d,Crown	svill	e,MD 21032
20a. METHOD OF DISPOSITION 1	I from Stefa cen	o. PLACE AND DATE OF D netery, crematory or other	place)				ity or Town, Stata
21. SIGNATURE OF TWERAL SERVICE LICENS	SEE Ronald	Wade,Dir			curState noreSt,B		
23. ART i. Enter the desess, or come hock, or heer failure. Lie immeDiaTE CAUSE (Final disease or condition resulting in death)	Adenoc	d the death. Do not ech line.	enter the mo	de of dying, suc	h as cerdlec or res	piratory arres	st, Approximata interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):					
PART II. Other significent conditions of	ontributing to death b	out not reculting in t	he underlying	ceuse given in		ORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DID TOBACCO USE CONTRIB	UTE TO CAUSE C	F DEATH YES	□ NO □	UNCERTAIL	N 🗆		
	OSPITAL:		THER:				
1 YES 2 NO 1	Inpatient 2 \(\bar{Q} \) ER/Outs 28a. DATE OF INJURY	28b, TIME OF			8 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCU	IRFO
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WO	RK? 'ES 2 NO			
3 Suicida 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec	— Af home, farm, stree	ot, factory, office		281. LOCATION (Stree City or Town, Stat	t and Number or	r Rural Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL ONE) 2 MEDICAL EXAMINER: C							d. cause(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	HOU 1	nd		29c. LICENSE NUI	MBER	29d. DATE :	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prir	2//	mo	2101		7
31. DATE FILED (Month, Day, Year) OCT 3 - 1994	32. REGISTRAR'S SIGN						

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BALTIMORE, MARYLAND 21	Page
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	certificate be executed within 24 hours af
	eath certificate be executed within 24 nours af
	e death certificate be executed within 24 nours af
ORDS, P.O. BOX 68760	that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or

DIVISION OF VITAL REC

31. DATE FILED (Month, Day, Year)

OCT 3 - 1994

32. REGISTRAR'S SIGNATURE Muchen Ra

215-0020

permit. Pages 1, 2, 3 should r attending physician. use as the burial-transit Į detached once. te page 5 should be notified pe must director, examiner removal the medical filled in 10 cremation, and completely fi burial, cremation other traumatic event, 9 Drior Hygiene attending 0 the atten Mental F shows any injury, signed by the certificate has been h the State Dept. of 23 Item OR ATTENDING PHYSICIAN: the 0 this c 28 is marked, After t death DIRECTOR: / item TO THE FUNERAL D
TO THE FUNERAL D
DE filed within 72 hc
IMPORTANT: It its

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 94-158 1994 Unknown ₩09 AUGUST 11:00 A A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign DAYS 1 M 2 F YRS. 9s. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PRINCE GEORGES PEACE CROSSING BLADENSBURG MARINA P 10s. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cubsn, Msxicsn, Puerto Rican, atc.) t4. RACE — American Indian, Black, White, etc. FORCES? 1 YES 1 Never Married 2 Married IF YES, GIVE WAR OR OATES Specify: Black BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade Щ Elementary/Secondary (0-12) College (1-4 or 5+) COMPI 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 OCME 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stats Burial 2 Cremation 3 - Ramoval from State cemetery, cremetory or other place. 4 Donation 5 Other (Specify) rlemova1 SIGNATURE OF FUNERAL SERVICE LICENSEE. 22. NAME AND ADDRESS OF FACILITY Ronald Wade, Dir State Anatomy Board MILLE 655W.BaltimoreSt,Balto,MD21201 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arreat, Approximate ahock, or heart fallura. List only one cause on each line. Intarval Between Stab and Cutting Wounds IMMEDIATE CAUSE (Final Onset and Death disease or condition reaulting in death) CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMEO? MEDICAL YES 2 NO OF DEATH? YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 TYES 2 INO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 - Residence 6 X Other (Specify) ANACOSTIA RIVER 26b. TIME OF 27. MANNER OF OEATH 28s. OATE OF INJURY F (Month, Olay, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED subject cut and stablest 1 Naturel 11:00AM 1 YES 2 NO BY 2 Accident Investigation 26a. PLACE OF INJURY — At home, farm, street, factory, offica 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number ETED 6 Could not be City or Town, State) unknown Recovered from Ancicosti River building, stc. (Specify) 4 Homicids unknown PGCo. 29s. CERTIFIER COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as attated. (Check only one) ANDICAL EXAMINER: On the basis of axemination snd/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Yea BE 29c. LICENSE NUMBER AUGUST 10,1994 O.C.M.E. huto no 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

blh

FOR STATE REGISTRAR

31. DATE FILED (Month, Day, Year)

OCT

3 - 1001

1. R. .

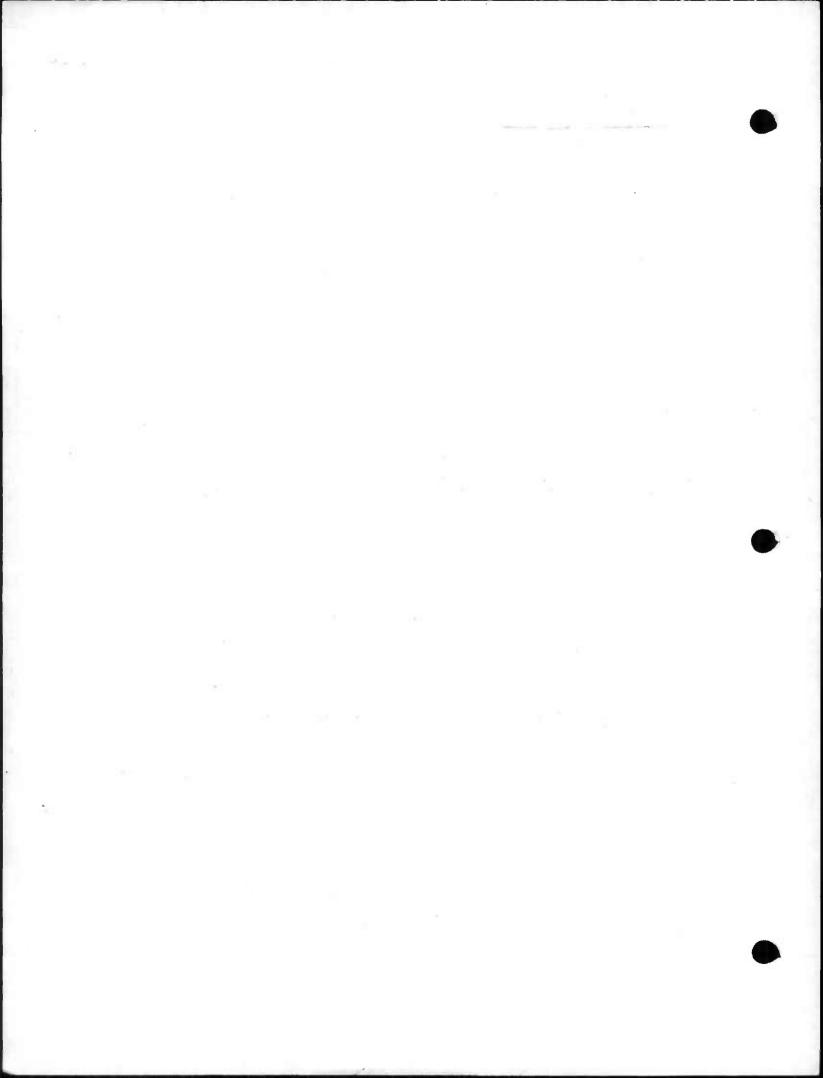
ITEM: 1. PER MEO FILM G-724 6/29/95 t.t

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M

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Unknown 94-115 CHARLES EDWARD TAYLOR 28 1994 1145 June. A 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 12 M 2 | F MIN YRS. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Wooded area-Hance Road Prince Frederick Calvert 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY permit. 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? be detached for use as the burial-transit retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 Merried If yes, specify Cuben, Maxicon, Puerto Ricen, etc.) YES 2 NO Specify. BY 3 Wildowed 4 Divorced Specify: White COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) at BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 ours after death. Page 6 may be pe 20e. METHOD OF DISPOSITION

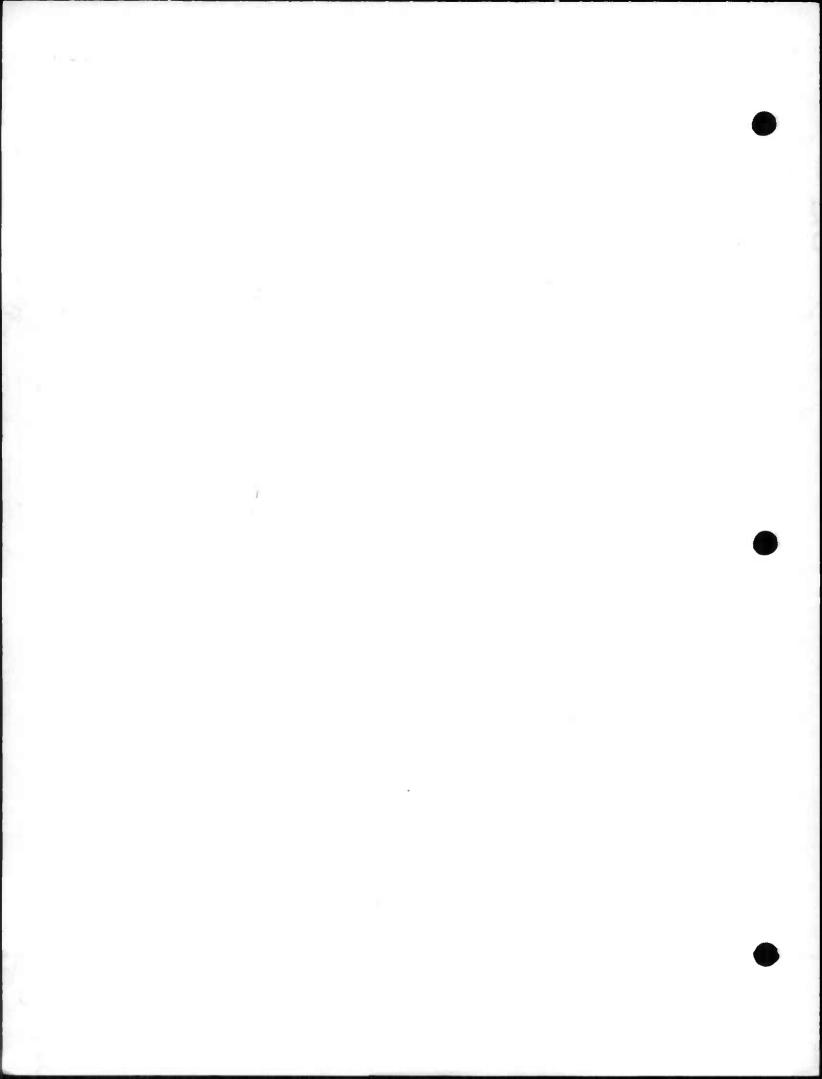
1 Burlel 2 Cremetion 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 4 Donetion 5 Other (Specify) in State removal 21. SIGNATUME OF FUNERAL SERVICE LICENSEE Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board the medical examiner 655W.BaltimoreSt,Balto,MD21201 attending physician and completely filled in by the intal Hyglene prior to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate interval Batween shock, or heart failure. List pnly one cause on each line Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) ultiple Stab a
DUE TO (OR AS A CONSEQUENCE OF): Cutting Wounds and Multiple event, executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760, traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate requires that the death certificate be Cause, Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated evants reaulting in death) LAST been signed by the attent. of Health and Mental PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO any COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO shows a 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: The law has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate the State I EXAMINER? OTHER:
4 Nursing Home 5 Residence 1 X YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA HOSPITAL OR ATTENDING PHYSICIAN: 8 X Other (Specify) at scene 6 27. MANNER OF DEATH 28a. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED. Subject stubbed and cut this c 28b. TIME OF 28c. INJURY AT WORK? marked, FOUNDAM 1145 AM Found 6-28-94 1 Natural 1 YES 2 NO DIRECTOR: After the hours after death vitem 28 is mark BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. COCATION (Street and Number or Rural Route Number, City or Town, State) Hance Kel, Culvert County, 3 Suicide COMPLETED 8 Could not be 4 Homicide My Hance woods 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end menner as stated. TO THE HOSPITAL OF TO THE FUNERAL D BE filed within 72 ho 2 XMEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause(s) end menner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 C.M.E June 29 1994 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Street. Penn Baltimore. Maryland 32. REGISTRAR'S SIGNATURE



94-078

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 3										
1 2	1. DECEDENT'S NAME (First, Middle, Last) Unknown 94-0					MONT	OF DEATH	2 9 9	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(in yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER 24 H		OF BIRTH			5:20 ACE (State or Forming
		1 🔀 M 2 🗆 F	YRS.	MONTHS D	AYS HOURS MI	N. (Mont	h, Day, Year)		Country)	
~	9e. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TO	OWN OR LOCATION O	F DEATH		9c. COUN	TY OF DEA	тн
СТОВ	100 E.MCCOMAS	STREET		BA	LTIMORE	CITY	<u> </u>			
DIREC	10a. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR I	LOCATION				10	Od. INSIDE CITY
										YES 2 NO
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZ	EN OF WH	AT COUNTRY?
NO.	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		DECENDENT OF HIS			e or No—	14. RACE -	- American Indian,
ВУ Р	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES			S PES 2 NO S		Alcen, atc.)		Specify:	White, etc.
ED E	15. DECEDENT'S EQU	JCATION	18e. DECEDENT'S	USUAL OCCL	IPATION	161	. KIND OF BU	SINESS/INOI	ISTOV	Black
E	(Specify only highest grade Elementary/Secondary (0-12)			vork done durli	ng most of working	100	. KIND OF BO	SINESS/INOC	işini	
COMPLET										
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First,	Widdle, Maiden	Surneme)		
8E	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	treet and Number or R	ural Route Num	ber, City or Tou	vn, State. Zin	Code)	
10	ocme									
	20e. METHOD OF DISPOSITION 1 Burtel 2 Cremation 3 Rem	noval from State CB	b. PLACE AND DATE of metery, crematory or o	OF DISPOSITIO	ON (Name of	OAT	E 20c. LC	CATION — C	ity or Town	n, State
	4 Donation 5 Other (Specify) 1 11	state rem	oval			i				
- 0	21. SIGNATURE OF FUNERAL SERVICE LI	Lace Ronald	Wade,D1	r 22. NAI	W.Balti	F FACILITY C	tate	Anat	comy	Board
	amuy 11									.01
	1	List only one cause on	ed the deeth. Do reach ilne.	ot enter the	e mode of dylng,	such as cen	Alsc or reep	iratory arre	st,	Approximate Interval Bets
	iMMEDIATE CAUSE (Final disease or condition	s. Multip,	le Gunsh	at W.	unda					Onset and E
	reaulting in deeth)	OUE TO (OA AS	A CONSEQUENCE O	F):	urias					
NO	Sequentielly list conditions,	b								
TX.	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OH AS	A CONSEQUENCE O	-):						
ERTIFICATION	CAUSE (Diseese or Injury that initiated events	OUE TO (OR AS	A CONSEQUENCE O	F):						+
臣	reaulting in death) LAST									1
Ж.		d								
O	PART II. Other significent condition	dne contributing to death	but not resulting	in the unde	rlying ceuee giver	in Part I.	24a. WAS AN			
0	PART ii. Other significent condition	dne contributing to death	but not resulting	in the unde	rlying ceuee giver	in Part I.	24a. WAS AN PERFOI	RMED?	A	WAILABLE PRIOR TO
MEDICAL C						n in Part I.	PERFO	RMED?	0	MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
MEDICAL C	DID TOBACCO USE			DEATH	YES 1	40 🗆	PERFOI 1 X YES	RMED?	0	MAILABLE PRIOR TO COMPLETION OF CAU
AN: MEDICAL C	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CONTRIBUTE TO	CAUSE OF	DEATH	YES 1	NO []	PERFOI	RMED?	>	MAILABLE PRIOR TO OMPLETION OF CAU F DEATH? YES 2 NO
AN: MEDICAL C	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO HOSPITAL: 1 Inpetient 2 ER/Out	CAUSE OF	DEATH OTHER: 4 Nursing E OF 28	YES 1 1 28. PLACE OF DEATH Home 5 Resident C. INJURY AT	(Check only or	PERFOI 1 PLYES :	RMED? IN WINJURY OCC	VATER	MAILABLE PRIOR TO OMPLETION OF CAU F DEATH? YES 2 NO
PHYSICIAN: MEDICAL C	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 \(\text{NO} \) NO	CONTRIBUTE TO HOSPITAL: 1 Inpatient 2 ER/Out	CAUSE OF	OTHER: 4 Nursing E OF URY	YES 1	(Check only or	PERFOI 1 XYES :	RMED? IN WINJURY OCC	VATER	MAILABLE PRIOR TO OMPLETION OF CAL IF DEATH? YES 2 NO
D BY PHYSICIAN: MEDICAL C	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	HOSPITAL: 1 Inpetient 2 ER/Out 28a. OATE OF INJURY GWONTY Day, Year) Company Day, Year) Company Day, Year) Company Day, Year) Company Day, Year) Company Day, Year) Company Day, Year) Company Day, Year,	CAUSE OF	OTHER: 4 Nursing E OF URY M street, factory,	YES D 1 28. PLACE OF DEATH 7 Home 5 Resider C. INJURY AT WORK? 1 YES 2 NO	(Check only or	PERFOI 1 DEYES :	IN Winjury occi	VATER	MALABLE PRIOR TO COMPLETION OF CAU F DEATH? YES 2 \(\text{NO} \) NO
D BY PHYSICIAN: MEDICAL C	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	HOSPITAL: 1 Inputlent 2 ER/Out 28a. OATE OF INJURY (Monthy Day, Year) 28a. PLACE OF INJUR building, etc. (Spo	CAUSE OF Ipstient 3 DOA 28b. TIM Four No. 17 At home, larm, scrity) Unknown	OTHER: 4 Nursing E OF 28 VIRY M street, factory,	YES D 1 28. PLACE OF DEATH 19 HOME 5 Resides 10. INJURY AT WORK? 1 YES 2 NO office	Check only of the B X Other 28d. DE:	PERFOI 1 DEVES :	IN M INJURY OCCI C+ Sho and Number of	NATEI Uneo or Rural Roun	MALABLE PRIOR TO COMPLETION OF CAU F DEATH? YES 2 \(\text{NO} \) NO
D BY PHYSICIAN: MEDICAL C	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFVING PHYS)	HOSPITAL: 1 Inputlent 2 ER/Out 28a. OATE OF INJURY (Monthy Day, Year) 28a. PLACE OF INJURY 28a. PLACE OF INJURY building, etc. (Spi	tpetient 3 DOA 28b. TIM Full No 17 At home, larm, vac/ly Lark no	OTHER: 4 Nursing E OF 28 VIRY M street, factory,	YES D 128. PLACE OF DEATH Home 5 Resider C. INJURY AT WORK? I YES 2 NO office	Check only or one 8 M Other 28d. DE:	PERFOI 1 SYES : or (Specify) SCRIBE HOW I SU OF C ATION (Street or Town, State)	IN Minjury occided Showing and Number of Sho	NATEI Ungeo or Rural Room noun noun noun	MAILABLE PRIOR TO COMPLETION OF CAU F DEATH? YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL C	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFVING PHYS)	CONTRIBUTE TO HOSPITAL: 1 Inpatient 2 ER/Out 28a. OATE OF INJURY (Monthy Dey, Year) 28b. PLACE OF INJUR building, etc. (Spi	tpetient 3 DOA 28b. TIM Full No 17 At home, larm, vac/ly Lark no	OTHER: 4 Nursing E OF 28 VIRY M street, factory,	YES D 128. PLACE OF DEATH Home 5 Resider C. INJURY AT WORK? I YES 2 NO office	Check only or one 8 M Other 28d. DE:	PERFOI 1 SYES : or (Specify) SCRIBE HOW I SU OF C ATION (Street or Town, State)	IN W INJURY OCCI C+ Sho and Number c O White	JATER UNBED OF Rural Rounder OF Cause (e) e	MARABLE PRIOR TO COMPLETION OF CAU F DEATH? YES 2 NO R Ite Number,
BE COMPLETED BY PHYSICIAN: MEDICAL C	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	CONTRIBUTE TO HOSPITAL: 1 Inpatient 2 ER/Out 28a. OATE OF INJURY (Monthy Dey, Year) 28b. PLACE OF INJUR building, etc. (Spi	tpetient 3 DOA 28b. TIM Full No 17 At home, larm, vac/ly Lark no	OTHER: 4 Nursing E OF 28 VIRY M street, factory,	YES 128. PLACE OF DEATH 19 Home 5 Resider 10 LINUTY AT WORK? 1 YES 2 NO 10 office	Check only or once 8 X Other 28d. DE:	PERFOI 1 SYES : or (Specify) SCRIBE HOW I SU OF C ATION (Street or Town, State)	IN Winjury Occi	JATER UNED OF RURAL ROUN NOUN Cause(e) e	OMPLETION OF CAU
E COMPLETED BY PHYSICIAN: MEDICAL C	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only One) 3 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE	CONTRIBUTE TO HOSPITAL: 1 Inpatient 2 ER/Out 28a. OATE OF INJURY (Monthy Dey, Year) 28b. PLACE OF INJUR building, etc. (Spi	Ty — At home, larm, scrity) Link no wiedge, death occurs on end/or investigation	OTHER: 4 Nursing E OF 28 VIRY M street, factory,	YES	Check only or one 8 M Other 28d. DE:	PERFOI 1 SYES : 1 SYES : 1 SYES : 10 SCRIBE HOW : SUGE C : CATION (Street or Town, State) use(a) and ma	IN Minjury occided and Number of Arman and Number of Arman and Arm	NATER UNRED OF Rural ROUN A cause(e) e SIGNED (M	MARABLE PRIOR TO COMPLETION OF CAU F DEATH? YES 2 NO R Ite Number, and manner se state fonth, Day, Year) 30, 199



UNK 94-059

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-716 10/11/94 t.t

FOR 1 . STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

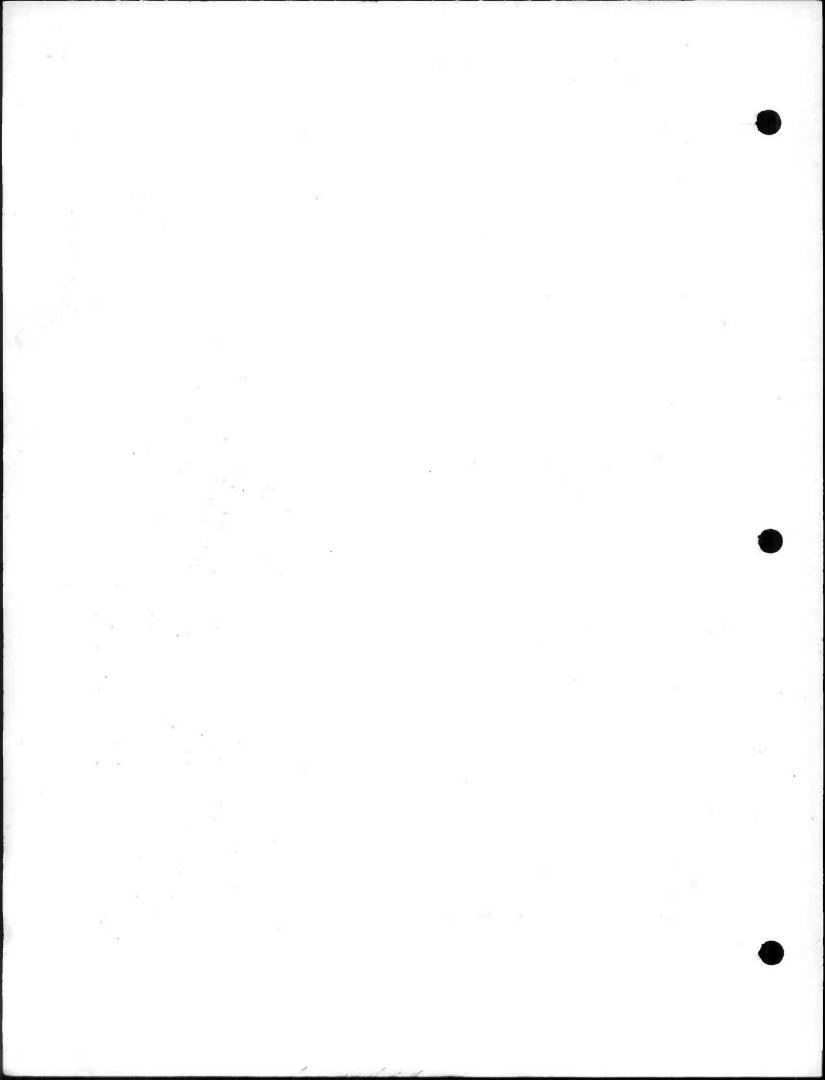
	REGISTRAR		CERTIF	ICATE OF	DEATH	F	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)			_		2. DATE OF	DEATH DAY		3. TIME OF DEATH
ı	UNKNOWN 94-05	59				APRIL		94	9:21 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8. BIRT	HPLACE (State or Foreign
		1 🗌 M 2 🖺 F	HOURS MIN.	(Month, De	ay, Year)	Coun	(ry)		
	9e. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. C0	UNTY OF	DEATH
8	402 KEY HIGHWAY	7		ייי אמ	IMORE				
Ĕ	RESIDENCE OF DECEDENT			IDALI	LVORE				
DIRECTOR	10a. STATE 10b. COUNT	Y, TOWN OR LOCA	ION				10d. INSIDE CITY LIMITS?		
									1 YES 2 NO
AL	10e. STREET AND NUMBER			10	ZIP CODE		10g. C	ITIZEN OF	WHAT COUNTRY?
E									
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE		13. WAS DEC	ENDENT OF HISPAI	VIC ORIGIN? (S	Specify Yea or No-	14. RAC	E — American Indian,
BY F	1 Never Married 2 Married	FORCES? 1 YE			city Cuban, Maxica 2 NO Specif		n, etc.)	Spec	ck, White, atc.
	3 Widowed 4 Divorced	l							White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)		USUAL OCCUPATION		16b. Kill	ND OF BUSINESS/I	NDUSTRY	
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	a o working				
₹									
ō	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Midd	lle, Malden Surname)	
BE									
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	nd Number or Aural	Route Number,	City or Town, State, .	Zip Code)	
2	ocme								
	20s. METHOD OF DISPOSITION		20b. PLACEAND DATE		me of	DATE	20c. LOCATION	- City or T	own, State
	1 □ Burial 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	oval from State	cametery, crematory or o	ther place)				200	
	21. SIGNATURE OF PUNERAL SERVICE LIN	CENSEROnald	Wade Dir	22. NAME A	ID ADDRESS OF FA	CILITY S t a	ite Ana	tomy	Board
	1 Minuel 1	ano.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.Baltin				
_	1 mains	cone	2.				•		
	23. PART I. Enter the diseases, preshock, pr heert failure.	Districtions that cause or List only one cause or	sed the deeth. Do r	not enter the mo	de of dying, auc	h ee cardiec	or respiratory	erreet,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	end only one cades of	ducii iiie.						Onset and Death
	disease or condition resulting in death)	DROWNING							
		DUE TO (OR A	S A CONSEQUENCE OF	F):					
z		b.							
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):								
S	cause. Enter UNDERLYING								
里	CAUSE (Disease or Injury that initiated events	DUE TO (OR A	S A CONSEQUENCE OF	F):					
토	resulting in death) LAST	d							
Ö	PART II On a land and a state of								
Ă	PART II. Other aignificent condition	e contributing to deet	h but not resulting	in the underlyin	g cause given in	Pert I. 24	a. WAS AN AUTOPS PERFORMED?	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO
MEDICAL						11	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
뿔						_ /	, ,		t TYES 2 NO
÷ I						_			
ĕ.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)			
Sign	1 X YES 2 □ NO	HOSPITAL: 1 Inpatient 2 In ER/O	Outpatient 3 DOA	OTHER: 4 Nursing Hon	a 5 🗆 Residence	Other (Sc	pecify) CCFNF		
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJUR	RY 286. TIM	E OF 28c. IN.	URY AT		BE HOW INJURY O	CCURED	
	1 Natural 5 Pending	(Month, Day, Yea 4-8-94 Fi	0UND 9:00	A M 1	RK? /ES 2 (()(NO	UNKNOW	IN		
BY	2 Decident	28e, PLACE OF INJU	JRY — At home, Jarm,				ON (Street and Numb	er or Rumi	Route Number
	3 Suicide 8)(X) Could not be 4 Homicide determined	building, atc. (S	Specify) UNKNOW			City or To	own, State)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<u> </u>	29a. CERTIFIER					UNKNOW			
<u> </u>	(Check only	ICIAN: To the beat of my kn							
COMPLETED	2 X MEDICAL EXAMINE	ER: On the beels of examina	ition and/or investigation	on, in my opinion, o	eath occured at the	time, data and	f place, and dua to	the cause(a) and manner as stated.
ш	394 SIGNATURE AND TITLE OF CERTIFIE	A () ()			29c. LICENSE NUI	MBER	29d. D	ATE SIGNE	D (Month, Day, Year)
8	mut	Holl-	All		O.C.M.E				08,1994
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Print)	not D=3				
	MARYO # GOLLO	JOR MD	ATIT P	enn Str	et, Bali	ımore	, maryla	nd 2.	IZUI
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	IGNATURE						
	OCT 3 - 1994	1. As in	0						
		17177714	2 G A . # 40						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a feed death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



94 28926

ITEMS: 23 PART I, 27, PER MEO FILM G-716 10/11/94 t.t.

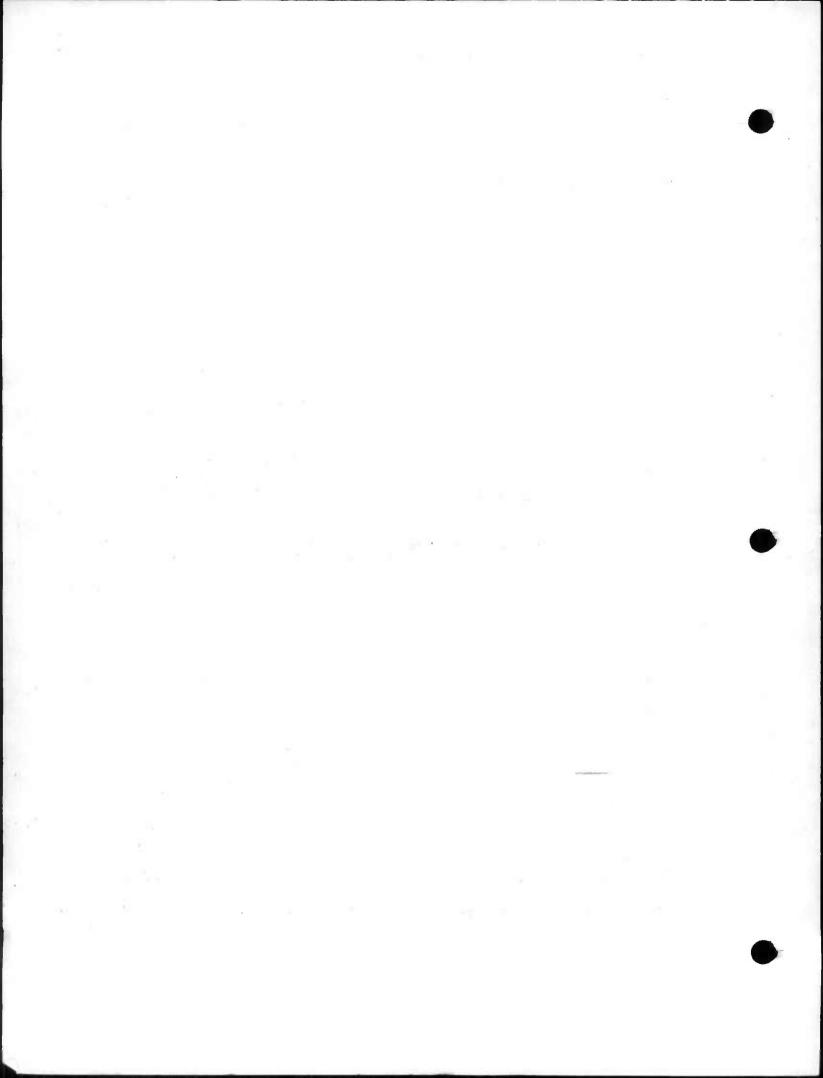
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR **CERTIFICATE OF DEATH** REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR UNKNOWN 94 - 069ARPIL 18 94 11:26 A. 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. a. BIRTHPLACE (State or Foreign 1 X M 2 - F Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR LIBERTY MEDICAL CENTER BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO permit. FUNERAL 10a. STREET AND NUMBER 10t. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried It yea, specify Cuban, Mexicen, Puarto Rican, atc.) 1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced **Black** ETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only h Elementary/Secondary (0-12) College (1-4 or 5+) COMPL once. 17. FATHER'S NAME (First, Middle, Last) 1a. MOTHER'S NAME (First, Middle, Maiden Surname) ğ BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zlp Code) 2 ocme ours after death. Page 6 may be pe 20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 ☐ Cremation 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must 3 🗆 Ren 4 Donation 5 Other (Specify) ERAL SERVICE DEENSEE removal 22. NAME AND ADDRESS OF FACILITY State Anatomy Board examiner Ronald Wade, Dir 655W.BaltimoreSt,Balto,MD21201 filled in by the the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate Intervei Between ahock, or heart failure. List only one cause on each line. ö Onset and Death **IMMEDIATE CAUSE (Final** cremation. disease or condition physician and completely ne prior to burial, cremati event. reauiting in death) ACUTE ENDOCARDITIS executed with DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditiona, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING death certificate be CAUSE (Disease or injury signed by the attending ph Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST 0 Injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS law requires that the MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE any 1 YES 2 NO OF DEATH? shows a 1 TYES 2 NO been s PHYSICIAN: s certificate has be th the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL The 28. PLACE OF OEATH (Check only one) HOSPITAL OTHER: TYES 2 NO HOSPITAL DR ATTENDING PHYSICIAN: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 5 Realdenca 10 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED this c marked, 1 XXX Natural DIRECTOR: After the hours after death v 1 YES BY 2 Accident 28a. PLACE OF INJURY — building, etc. (Specify) At home, farm, street, fectory, office 69 3 Suicide 2at. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED a Could not be 28 4 Homicida 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. FUNERAL within 72 h MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(a) end manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 18 4 ▶ARPIL 19,1994 O.C.M.E. 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ARGD OND 13.10 REU MM) 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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1994

DHMH-16 Rev 1/89



UNK. 94-044 1 - FOR STATE REGISTRAR

amend items 1,4,6-8,10a,d-g,11-19b per co g891 5-20-09 vt, 9a STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAN		<u> </u>	ENTIF	ICATE	UF	DEATH		REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)							MONT	OF DEATH	W 0.0	9 4 3.	TIME OF DEATH
		UNKHOWN 9/1-0/	Danie	6. AGE (In yrs. les		F UNDER 1		k Jr.	+	RCH			9:50P M
		216-90-0200	1 M 2 F		YRS.		DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH h, Day, Year)	1.	Country)	ACE (State or Foreign
pino		9a. FACILITY NAME (If not institution, give s	treet and number)	22		9b, CITY, T	OWN O	R LOCATION OF D		5-1971	_	aryl.	
. 3 should	<u>۳</u>	4700 Wetheredsvi	lle Rd	adsid	-1-			E CITY					i'
1. 2.	ЕСТО	RESIDENCE OF DECEDENT											
Pages	DIRE		*		-	Y, TOWN OR		ION					d. INSIDE CITY LIMITS?
mit.		Maryland 100. STREET AND NUMBER		<u>.</u> .	Ba]	timor	_	ZIP CODE			I 10a CITIZE		T COUNTRY?
DZO physician, burial-transit permit.	ERAL	3604 Windsor Mil	1 D1										T COONTHY?
ician.	FUN	11. MARITAL STATUS	12. WAS DECEDENT			13. WA		1216 ENDENT OF HISPAI	NIC ORIGII	f? (Specify Yes	or No — 1	4. RACE -	American Indian,
	BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 X	NO			cify Cuban, Maxica 2 X NO Specif		Rican, etc.)		Black, W Specify:	/hite, etc.
onding as the	ED B					1							Black
or after	1	15. DECEDENT'S EDU (Specify only highest grade	completed)	(G	CEDENT'S live kind of Do NOT u	Work done dur	ring mos	N at of working	168	. KIND OF BUS	SINESS/INDUS	STRY	
pital or	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+))		vice	Llo m	lean		D			
the hospital detached force.	O O	17. FATHER'S NAME (First, Middle, Last)		роос	1 Set	vice	WOI	18. MOTHER'S NA	ME (First,	Restau Middle, Maiden			
8 6 G	l m l	Daniel Roosevelt	Riddick					Corde1i	ia Je	nkins			
retained to should a should notified	0 0	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	Street ar	nd Number or Rural	Route Num	ber, City or Tow	n, State, Zip C	ode)	-
		ocme Cordelia	Cooper	1	116	Winst	on	Farm Ro	l. Wi	ndsor,	NC.	2798	33
		20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem		cemetery, cre	matory or o	OF DISPOSITI	ION (Nar	me of	DAT	E 20c. LO	CATION CH	y or Town,	State
- w 6 -		4 Donation 5 Other (Specify) 1		emova.	L				1				
death. Page tuneral di	1 1	21. SIGNATURE OF NUNERAL SERVICE LIC	Rona	Id Wad	e,Di			D ADDRESS OF FA					
er deg		Johnsey /11	Lade					.Baltin			-		201
ours after d in by the or remova	l 'l	23. PART i. Enter the diseases, or shock, or heart failure.	complications that List only one caus	caused the de	ath. Do	not enter th	ne mod	de of dying, suc	h aa can	diac or reapi	ratory arres	it,	Approximate interval Between
y filled in I	1 1	IMMEDIATE CAUSE (Final disease or condition	m.	11.0	1	,		1.			0		Onset and Death
10	1 1	resulting in death)	a. Mu	OR AS A CONSE	She	well	97	Woun	de a	of Hea	X		
executed with and complete burial, crem			DOE TO	OR AS A CONSE	OUENCE O	⊮F):							
c be executed sician and con rior to burial, traumatic en	ERTIFICATION	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS A CONSE	OUENCE O	F):							-
	S	cause. Enter UNDERLYING CAUSE (Disease or injury	C										
	틸	that initiated eventa reaulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE O	F):							
F 8 5 6	l 三	readiting in death) CAST	d										
The second	IL C	PART II. Other significant condition	na contributing to	death but not i	reaulting	in the unde	eriying	cause given in	Part i.	24e. WAS AN			ERE AUTOPSY FINDINGS
	EDICAL									PERFOR		CO	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
S eg e	MEL												YES 2 NO
he law requires that has been signed to Dept. of Health a 23 shows any	ä												
ATTENDIOR OF WITHELF IN EUTENDIOR PROGRAMMENT OF THE ATTENDIOR OF THE ATTE	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PL	ACE OF DEATH (Ch	neck only o	10)			
Ertification or II	YSI	YES 2 NO	1 - Inpatient 2 -			4 🗆 Nursin		5 Residence					
this call with I	РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF (Month, Da	iy, Year)	REIN		8c. INJU		17.7	SCRIBE HOW I		RED	
After death	æ	2 Accident Investigation 3 Suicide & Could not be	MARCH (UZ/94 FINJURY — At he	2145		1 Y	Δ		JECT SHO		Rural Bout	n Mumber
CTOR: A after d after d 28 Is	I III	4 Stromicide 6 Could not be	ROADW	(Specify)					City	or Town, State)		Tibrer Floor	e recition,
S S S S S S S S S S S S S S S S S S S	9	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of i	my knowledge de	eth occur	and at the time	a deta	and place, and due			-		
PITAL BRAL	COMPLET	(Check only one) 2 MEDICAL EXAMINE											nd manner ee stated.
TO THE HOSPITAL (TO THE FUNERAL CE be filed within 72 h	0	29b. SIGNATURE AND TITLE OF CERTIFIE			-			29c. LICENSE NUI					onth, Day, Year)
THE STATE OF THE S	BE	Denny	· Q. ()	unte u	100			O.C.M.E				ARCH	03/94
F F 3 =	유	30. NAME AND ADDRESS OF PERSON WH				e, Print)							
				111 F	enn S	træt,	Balt	timore, Ma	rylan	1 21201			
		31. DATE FILED (Month, Day, Year)	32. REGISTRAI	R'S SIGNATURE									
		OCT 3 - 1994	32. REGISTRAI	Todall									

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Page 6 may be retained by the hospital or attending physician. all director, page 5 should be detached for use as the burial-transit. BALTIMORE, MARYLAND 21215-0020 funeral urs after death. filled executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law

Pages 1, 2, 3 should permit. notified at pe must medical examiner in by the ir removal. the cremation, and completely fi burial, crematio other traumatic event, and Hygiene prior to attending physician 6 the atten Injury, Health and shows any has been s Dept. of H 23 this certificate h with the State C arked, or Item ltem. marked, After the DIRECTOR: J 200 Tem.

TO THE HOSPITAL
TO THE FUNERAL IS
TO FILE WITHIN 72 H
IMPORTANT: If II

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Y DRUBAL TO

STATE OF MARYLANO / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 1 -REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Michael Wilkes SEPT. 28 1994 MICHAEL M. 11:25 A WILKS 4. SOCIAL SECURITY NUMBER 8. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Month Den Year) 2/9/48 DAYS 219-50-7794 1 X M 2 | F 46 MONTHS HOURS COMPTY Sa. FACILITY NAME (If not institution, nive street and number 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR 737 N.KENWOOD AVENUE BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTO 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 10g, CITIZEN OF WHAT COUNTRY? 21205 U.S A 737 KENWOOD AVE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES ZONO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: BY Specify: BLACK 3 Widowed 4 Divorced 18a. DECEDENT'S USUAL OCCUPATION ETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12TH UNKNOWN ST AGNES HOSPITAL COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MORRIS WILKES ANNIE BROWN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1813 W MULBERRY ST BALTO MD 21223 BRENDA HAILEY 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 1 M Burial 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) KING MEMORIAL PARK 10594 RANDALLSTOWN MD 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY a MARCH F/H-WEST 4300 WABASH AVE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximata shock, or heert failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ . ATTROSUE POTIC CHARDIOVASUURE DISTAGE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury QUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in deeth) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY MITU MUS DIDDERG 1 TYES 2 NO OF DEATH? 1 - YES 2 - NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 TYES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home XXRasidence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ВУ 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 🏿 💹 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Yes BE

O.C.M.E.

1. KOREW 40 111 Penn Street, Baltimore, Maryland 21201

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE OCT 0 3 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

▶ SEPT. 29, 1994

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

United States

14. RACE — American Indian, Black, White, etc.

3. TIME OF DEATH

10d, INSIDE CITY

1 YES 2 X NO

White

Maryland

Approximate

6. BIRTHPLACE (State or Foreign

0 30

Maryland

REG. NO.

DAY

2. DATE OF DEATH

29c. LICENSE NUMBER

35

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 214-40-3303 OG -1 M 2 | F 50 YRS. 01 Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Baltimore City Johns Hopkins Bayview Medical Cente DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION Baltimore Maryland Jarrettsville permit. FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 21084 1422 Dalewood Drive detached for use as the burial-transit the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.) YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION sectly only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Sp Elementary/Secondery (0-12) College (1-4 or 5 +) Printer 12 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Norman Taylor Wildberger Mildred Elizabeth Hetrick funeral director, page 5 should be 7 Page 6 may be retained by BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Floute Number, City or Town, State, Zip Code) 2 Jarrettsville, Md. 21084 Norman T. Wildberger 1422 Dalewood Drive 9 20e. METHOD OF DISPOSITION
1 (V Burtal 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Gardens of Faith 10/3/94 Donation 5 Other (Specify) Baltimore examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Knight Jr Leonard J. Ruck, Inc. Milton, J iurs after death. Baltimore, Md. 21214 5305 Harford Road in by the fi Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause of each line. medical 23. PART I. Enter the diseases, or comp 9 **IMMEDIATE CAUSE (Finel** the disease or condition_ the attending physician and committee in Mental Hygiene prior to burial, cremation, PS15 event, reauiting in deeth) DUE TO (OR AS A CONSEQUENCE OF) the death certificate be executed with APZKINSON. traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate 4185 cause. Enter UNDERLYING other CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 0 Injury, PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL n signed by the Health and N shows any 1 YES 2 NO been s PHYSICIAN: has be Dept. ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 267 PLACE OF DEATH (Check only one) certificate h Hem EXAMINER? 1 YES 2 AO 1 Inpetient 2 ER/Outpetient 3 ODA 401 5 Residence 6 Other (Specify) 6 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 28b. TIME OF at the marken 1 Natural 5 Pending Investigation м 1 YES 2 NO BY Ather 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28 is 6 Could not be COMPLETED P. P. 4 Homicide 10 0 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) end manner as stated. TO THE FEMERAL DE FIRE 2 MEDICAL EXAMINER: On th

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Lieryer

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

296. SIGNATURE AND TITLE OF CERTIFIER

WNO COMPLETED CAUSE OF

42. RECHETRAR'S SIGNATURE

ATN (ITEM 27) (Type, Print)

30. NAME AND ADDRESS OF PERSON

314 DATE FILED (MONICO

BE

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Carl

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Interval Between **Onset and Deeth** 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 29d. DATE SIGNED (Month Day Year) DHMH-16 Rev 1/89

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 94 706 AUBREY -9 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday 7. DAYE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTNPLACE (State or Foreign 11/13/44 Maryland 49 212-44-9307 YRS. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Sinia Hospital Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD 1 YES 2 NO Baltimore permit. FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3335 Ripple Road use as the burial-transit 21244 USA retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 TNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerio Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married BY 3 Widowed 4 Divorced Black COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION lecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 5+ funeral director, page 5 should be detached for Attorney 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surneme) Aubrey C. Wyatt, III Susie Belton notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Charlotte W. Bullock 3335 Ripple Road, Balto., MD 21244 ag must be 20e_METNOD OF DISPOSITION
1 Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State death. Page 6 may 4 Donation 6 Other (Specify) Md National Memo. Pk10/3/94 Laurel, MD examiner 21. SIGNATURE OF FUNERAL BERYICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Albert P. Wylie F/H PA 638 N. Gilmor St. , Balto, MD attending physician and completely filled in by the mater Hygiene prior to burial, cremation, or removal. 21217 medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximate interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition DUE TO (OR AS A CONSEQUENCE OF) WEARCTION ONE KIN. reaulting in desth) event. DIVISION OF VITAL RECORDS, P.O. BOX 68760. executed THALAMIC traumatic BLEED CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate death certificate be cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 signed by the atte PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any I TES 2 NO OF DEATH? 1 TYES 2 NO 50 PHYSICIAN: has b. Dept. ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) certificate I HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) Inpetient 2 ER/Outpetient 3 DOA 6 the 27. MANNER OF DEATN 28b. TIME OF 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 26d. DESCRIBE NOW INJURY OCCURED with marked, this 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY After death Investigation 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 6 Could not be DIRECTOR: / COMPLETED 4 Nomicide HOSPITAL OR 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the filme, date and place, end due to the cause(a) and manner as stated. FUNERAL WITHIN 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 7. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner se stated 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) SKOLNICK, 5001 BROADYDOR RD, 2121 OCT 03

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31. DATOCT "0"3"1994

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the mountain shall be made to make the major of many an interined by the hospital or attending physician	TOTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burishman per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burish, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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									3	4 6	0931		
3	1 - FOR STATE REGISTRAR	STATE OF M					EALTH AND DEATH	MENTAL HYGIEN REG. NO	_				
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH								3.	TIME OF DEATH		
	JEROME			WEL	LS			мон 5 ер 30	~1994	YEAR	7:19 am		
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday) IF UNDER 1 YEAR				IF UNDER 24 HRS.	7. DATE OF BIRTH	_		ACE (State or Foreign		
	365-38-2566	1 3 € M 2 ☐ F	55	YRS. MONTHS DAYS		HOURS MIN.	11/30/3	8	Michigan				
	9e. FACILITY NAME (If not institution, give st	9e. FACILITY NAME (If not institution, give street and number)			96. CITY,	TOWN O	R LOCATION OF I			UNTY OF DEAT			
H	Saint Joseph Hospi			Tows	on, Man	riand		Baltimo	re				
5	RESIDENCE OF DECEDENT	OF DECEDENT											
DIRECTOR	10s. STATE 10b. COUNTY			10c, CIT	Y, TOWN O	R LOCAT	ION		10	Dd. INSIDE CITY LIMITS?			
0	MARYLAND BAL	TOWSON						YES 2 NO					
A.	100. STREET AND NUMBER					101.	ZIP CODE		10g. CIT	TIZEN OF WHA			
Ä	1101 DONNINGTO				2120		<u></u>		USA				
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married		YES 2 N	MED IO	11	t yes, spe	cify Cuben, Maxic	NIC ORIGIN? (Specify Yas ean, Puerto Rican, etc.)	or No-	14. RACE — Black, W	American Indian, Vhita, atc.		
ВУ	3 Wildowed 4 X Divorced	IE VES GIVE WAR OR DATES				YES	2 X NO Spec	tty:		Specify:	Black		
	15. DECEDENT'S EDUC		18a. DEC	CEDENT'S	USUAL OC	CCUPATIO	N	18b. KIND OF BU	SINESS/IN				
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(Girlife.	ve kind of a Do NOT us	work done d se retired.)	during mos	st of working						
COMPLETED	12th	5 +	Adm	. Co	ontr	act	ing Of	f. Feder	al (Gover	nment		
8	17. FATHER'S NAME (First, Addidg. Last)						18. MOTHER'S N	AME (First, Middle, Maiden	Surname)				
	Joel Wells						Bern	ice					
BE (19s. INFORMANT'S NAME (Type/Frmt)		19b	. MAILING	ADDRESS	(Street ar	nd Number or Rura	Route Number, City or Tow	n, Stete, Zi	ip Code)			
2	Clay Wells	and the second s											
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE 00c. LOCATION — City or Town. State												
	Commercian 3 Towns and 10/12 Document of 5 Commercian 3 Towns State Arlington National Cem. Arlington, Virginia												
	21. SIGNATURE OF FUHERAL SERVICE LIC	21. SHONATURE OF FUNERAL SERVICE LICENSER 22. NAME AND ADDRESS OF FACILITY											
	LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207												
$\overline{}$	23. PASSF 1. Eater the diseases, or c	omolications the		eth Do	4	600	LIBER	TY HEIGHT	SA	VENUE			
	shock, or hear fature. I	ist only one cau	ise on each line.	atti. DO I	ior enter	tije mod	ae or dying, su	on as cardiac or resp	ratory a	rest,	Approximate interval Between		
	IMMEDIATE CAUSE (Final disease or condition		~					Onset and Death					
	resulting in death)	CARDIO				Т					5 MNS.		
	DUE TO (OR AS A CONSEQUENCE OF):												
RTIFICATION	Sequentially list conditions, CARDIAC ARRHYTHMIA DUE TO (OR AS A CONSEQUENCE OF):										5 MNS.		
F	if any, leading to immediate cause. Enter UNDERLYING CONGESTIVE CARDIOMYOPATHY									a vec			
윤	CAUSE (Disease or Injury that initiated events		(OR AS A CONSEO			AILLI					3 YRS.		
E	resulting in death) LAST										1		
CEI	d												
AL										ERE AUTOPSY FINDINGS AILABLE PRIOR TO			
음	HYPERTENSION	HYPERTENSION CO								co	OMPLETION OF CAUSE DEATH?		
ME I											TYES 2 NO		
ä	DID TOBACCO USE CONTR	IBUTE TO CA	USE OF DEAT	TH YE	S 🗆 N	40 🗆	UNCERTA	IN 🗹					
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE	E OF DEAT	OTHER	,,							
YSI	1 🗆 YES 2 XNO	1 Inpetient 2	ER/Outpetient 3	□ DOA			5 🗆 Rasidenca	8 Other (Specify)					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF (Month, D		E OF URY	28c. INJL WOR		28d. DESCRIBE HOW I	NJURY OC	CURED				
B	1 Naturel 5 Pending 2 Accident Investigation	М	1 🗌 Y	ES 2 NO									
	3 Suicide 8 Could not be	28s. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify)						281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	4 Homicide determined			<u>.</u>			ony or some, oracly						
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner ea stated.												
OM	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and manner as stated.												
Ö	296. SIGNATURE AND TITLE OF CERTIFIER	2 /	1				29c. LICENSE NL	MBER	29d. DAT	TE SIGNED (Ma	onth, Day, Year)		
0	The an	Var	1				D 37239			10/1/94			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	RE OF BEATH ATEM	1.070 /5	(Durine)					1 1			

296. SIGNATURE AND TITLE OF CERTIFIER WAY 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10/1/94 D 37239 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MARK ALLAN WALKER, M.D., 1447 YORK RD., LUTHERVILLE, MD. 21093 32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

ITEMS: 1.4.17.18.23 PART I, II, PER BROTHER FILM G-716 10/15/94 t.t

	1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.												
	1. DECEDENT'S NAME LEROY DANIEL CONTEE, SR.							2. DATE OF DEATH DAY 1948 3. TIM				3. TIME OF DEATH	
	4. SOCIAL SECURITY 212-34-4	537 5. SEX		(last birthday)	IF UNDER 1	YEAR IF UN DAYS HOUR	DER 24 HRS. S MIN.	7. DAYE OF (Month, D	BIRTH By, Year)	34		LACE (State or Foreign	
OR B	98. FACILITY NAME (If not institution, g Good Samaritan			imore	ATION OF D			9c. COU	NTY OF DE	ATH			
RECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COL			IOc. CIT	Y, TOWN OF	LOCATION						IOd. INSIDE CITY	
DIR	MD	Bal	Baltimore					LIMITS?					
FUNERAL	803 Bradhurst		101. ZIP CODE 109. CITIZEN OF WHAT 21212 USA										
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specific Vector Ricer, at 1 YES 2 NO Specify:					14. RACE — American Indian, Black, White, stc. Specify: Black				
LETED	15. DECEDENT'S (Specify only highest g Elementery/Secondary (0-12) 12th	EDUCATION rade completed) Collegs (1-4 or 5	(Give kind of a life. Do NOT us	ENT'S USUAL OCCUPATION Ind of work done during most of working NOT use retired.) Very/Truck Driver				Dental Manufacturer					
COMPLET	17. FATHER'S NAME (First, Middle, Lest) Benjamin Conto				3/	18. M		ME (First, Mide	dle, Maiden	Surname)		ELL	
TO BE	198. INFORMANT'S NAME (Type/Print) Gloria Jordan			196. MAILING	address	Street and Num	ber or Rural	Route Number,	City or Town	n, State, Zip			
	26a. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 F	Samoval from Stale		CEANDDATE	OF DISPOSIT	ION (Name of		DATE	20c. LO	CATION —	City or Tow		
	4 Donstlon 5 Other (Specify)		Arbu	itus Me	moria	al Pk.	Cem.	10/5/	∮Arbı	itus,	Mary	yland	
	Leroy Configuration of Funeral Home, Inc. 4600 Liberty Hghts Ave. Balto. Md. 21207										e, Inc. d. 21207		
	Approximate interval Between the course of condition resulting in death) Approximate interval Between the course of condition resulting in death) Approximate interval Between the course of condition resulting in death)												
MOIT	Sequentially list conditions, if any, leading to immediate												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL C		tions contributing to	0	event			e given in	Part i. 24	PERFOR	AUTOPSY MED? A NO		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN:	MAC X												
SICI/	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Oulpatien	# 3 □ DOA	OTHER			6 Other (S	N= = = (A -1)				
PHY	27. MANNER OF DEATH	28s. DATE OF	INJURY	28b. TIM		8c. INJURY AT	-	28d. DESCR		JURY OC	CURED		
D BY	1 Natural 5 Pending 2 Accident Investigati 3 Suicide 8 Could not	on 28e. PLACE C	28e. PLACE OF INJURY — At home, ferr			M 1 YES 2 NO			281. LOCATION (Street and Number or Rural Route Number,				
ETE	4 Homicide datermined												
OMPL	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On this basis of examination and/or investigation, in my opinion, death occurred at the time, data and piscs, and dus to the cause(s) and manner as attend.												
BE C	29b. SIGNATURE AND TITLE OF CERT	RE AND TITLE OF CERTIFIER			29c. LICENSE NUMBER				29d. DATE SIGNED (Monin, Day, Year)				
0	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type	Print)	d 5	an "	الممار	1	105	D		
	31. DATE FILED (Month, Day, 1887) OCT 0 3 1994	82. REGISTRA	R'S SIGNATUR	RE dad									

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		FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFIC			MENTA	L HYGIENE REG. NO.			
	- 6	1. DECEDENT'S NAME (First, Middle, Last)				<i>D</i> 2		OF OEATH		3. T	IME OF DEATH
		MICHAEL ANTHO					SE		1994	EAR ()	2:22A M
P	1	219-77-54/D	15/M2 = 36		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mon	OF BIRTH	8 6	BIRTHPLAC Country)	E (State or Foreign
3 should	Œ	9a. FACILITY NAME (If not institution, give str		96	CITY, TOWN O	R LOCATION OF D			c. COUNTY	OF DEATH	
1, 2,	S	2311 ELSTNORE A	VE			BALTI	MORI	- I			
permit. Pages	DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TO	AllIM	ore				10d.	INSIDE CITY LIMITS? YES 2 NO
ışı	FUNERAL	2311 Elish	or are		101.	212	16	, 1	0g. CITIZEN	OF WHAT	COUNTRY?
5-0020 nding physician. ss the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		ENDENT OF HISPAI polity Cuban, Mexica 2 NO Specif	n, Puerto		No 14.	RACE — A Black, Whi	merican Indian, ita, atc.
21 afte	ETED	15. OECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S USL (Give kind of work	done during mos		166	. KIND OF BUSIN	ESS/INDUST	'RY	
	COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	INO. PO NOT USO TO				Consi	truc	tion	
MARYLAND are retained by the hospital 5 should be detached from notified at once.	BE CO	17. FATHER'S NAME (First, Middle, Last)	lland			18. MOTHER'S NA	ME (First,	Middle, Maiden Sur	name)		
5 5 5	2	19a. INFORMANT'S NAME (Type/Print)	ith	196. MAILING ADI 23/1 E	ORESS (Street or	Number or Rural	Route Nurr	Der, City or Town, S	State, Zip Coo	**) ク /コ	16
RA may		20ar METHOD OF DISPOSITION 1 Burist 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)		PLACE AND DATE OF DI		me ol 10	/ DAY	E 20c. LOCAT	ION - CITY	or Town, S	7
ALTIMO death. Page 6 e funeral directo f.		21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	10: ///	22 NAME AN	D ADDRESS OF FA	CHIT	co fra	Pa	1 2/4	N
		Coreph.	L'. Kus	D	2250	w. no	the l	Tie Ba	How	ud .	21216
e re tra		23. PART I. Enter the diseases, or co shock, or heart failure. L	omplications that caused ist only ona cause on as	the death. Do not each line.	enter tha mod	de of dying, suc	h as car	diac or respiret	Dry arrest,	,	Approximate interval Between
ely fille nation,		immediate cause (Final disease or condition resulting in death)	MULTIPU	CONSEQUENCE OF):	tor 1	AMMON	2				Onset and Death
B 2 - 10	Z	Convention lies and date.	OUE TO (OH AS A	CONSEQUENCE OF):							
De es cian a cor to	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):							
. 4 4 6 5	TIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
D = 8 ± 5		d.									
RD at the by the A inju	CAL	PART ii. Other significant conditions	contributing to death bu	it not resulting in th	e underlying	cause given in	Part i.	24a. WAS AN AUT PERFORME	0?	AVAIL	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION DF CAUSE
M requires that the seen signed by pt. of Health and shows any	MEDIC							1 X YES 2 [NO	OF D	EATH?
OF VITAL RECO PHYSICIAN: The law requires th this certificate has been signed with the State Dept. of Health Ked, or Item 23 shows an	ä	DID TOBACCO USE CONTR	IBUTE TO CAUSE OF	DEATH YES	□ NO □	UNCERTAIN	v П			7	
ITAL F N: The law ficate has be State Dept.	PHYSICIAN:		HOSPITAL:	26. PLACE OF DEATH (C	heck only one) HER:						
SICIAN Certifin h the S	HYS	1X YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outpe 26s. DATE OF INJURY	26b. TIME OF	28c. INJU			SCRIBE HOW INJU	N ST		
VISION OF VI ATTENDING PHYSICIAN: ECTOR: After this certifica s after death with the St. 128 is marked, or it	ВУ Р	1 Netural 5 Pending 2 Accident Investigation	9 30 94	0218 A	M 1 V		SH			TIME	25
DIVISION OR ATTENDING F DIRECTOR: After hours after death item 28 is mar	8	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, atc. (Special	(y) C	, factory, office		City	ATION (Street end or Town, State)	Number or R		1001
S S S S S S S S S S S S S S S S S S S		A		STREET			2311	BLSINOR		BOU	timore
HOSPITAL NWERAL TATE II I	COMPLET	one) 2 MEDICAL EXAMINER	IAN: To the best of my knowle							use(s) and	menner as stated.
TO THE MOSPITAL TO THE NAVERAL (O BE	FOR SHOWATURE AND TITLE OF CERTIFICE	Sale A	+ M		O.C.N		29	SEP		h, Day, Year)
1	-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE DE DEA								
	H	31. DATE FILED (Month, Roy Year)	32. REGISTRAR'S SIGNA	Ill Penn	Stre	et. Ba]	tim	ore. M	aryl	and	21201
		OCT 0 3 1994	it Similar C.								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. To hours after death. Page 6 may be retained by the burial-transit permit. Pages 1, 2, 3 should be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

THE PUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

THEORYTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAN		MENT OF H		MENTAL HYGII			
	1. DECEDENT'S NAME (First, Middle, Last) OER KUDIOE P.	WIL	MAK	15	2. DATE OF DEATH		VEAR A	30 A m
	4. SOCIAL SECURITY NUMBER 3. SEX 1 M 2 XF 6. AGE (In y	rs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAYE OF BIRTH (Month, Day, Yea)	48	Country	(State or Foreign
TOR	98. FACILITY NAME (If not implication, give street and number) Am RESIDENCE OF DECEMENT	1	9b. CITY, TOWN O	Ballin	2018	9c. COUNT	Y OF DEATH	
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY	TOWN OR LOCAT	10N			LI	ISIDE CITY MITS?
FUNERAL	5634 Perdue ave			ZIP CODE	39	10g. CITIZE	N OF WHAT CO	DUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	2 NO	If yea, spi	ENDENT OF HISPAN Inclined Cuban, Mexica 2 NO Specific	IIC ORIGIN? (Specify in, Puerto Ricen, etc.) y:	Yea or No—	4. RACE — Ame Black, White, Specify:	erican Indien, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	Give kind of we is no NOT use	JSUAL OCCUPATION OF MORE MORE MORE MORE MORE MORE MORE MORE	on st of working	16b, KIND OF	BUSINESS/INDUS	STRY	-
BE COM	17. FATHER'S NAME (First, Middle, Last) Belton 180. INFORMANTS NAME (PROPERTIES)			abe	ME (First, Middle, Math	, le	ax	
6	Nadine Boyd	RT-0	-Box10	440, W	noute Number City or	S.C.	2918	9
	10 Burial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify)			DE ADDRESS OF FA	194/44	MIO	qcua	1, S,C
	· Joseph L. Ruse		205ep	2 W Noi	rch are	Balto	Mds	4216
	23. PART Enter the diseasea, or complications that caused the shock, or heart failure. List only one cause on each immediate CAUSE (Final disease or condition resulting in death)	Arrhu	Minio		h ae cardlec or re	epiratory erres	10	pproximate ntarval Batween Poset end Death
ERTIFICATION	Sequentielly list conditione, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente reculting in deeth) LAST	ONSEQUENCE OF):					
PHYSICIAN: MEDICAL C	PART II. Other eignificent conditions contributing to death but	not resulting in	n the underlying	cause given in	PER	AN AUTOPSY FORMED?	AMAILAI COMPL OF DEA	AUTOPSY FINDINGS BLE PRIOR TO ETHON OF CAUSE THY ES 2 NO
SICIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input on 1 2 ER/Outpatia		OTHER:	ACE OF DEATH (Ch	6 Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ		28d. DESCRIBE HO	W INJURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be datarmined 28s. PLACE OF INJURY building, etc. (Specify)	At home, farm, st			28f. LOCATION (Stre City or Town, St		Rural Route Nu	mber,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of examination are							enner as stated.
TO BE	295 SIGNATURE AND TITLE OF CERTIFIED NO NAME AND ADDRESS OF BERRON WHO COMPLETED AND TO SERVE	idunt		29c. LICENSE NUI	11506	29d. DATE 3	SIGNED (Month)	Oey, Year)
	MG MAN V W CLASS OF DEATH	61	Print)	marit	n Itus	pim 1		
2000	OCT 0 3 1994 Jack Sentary	B. C.				\		

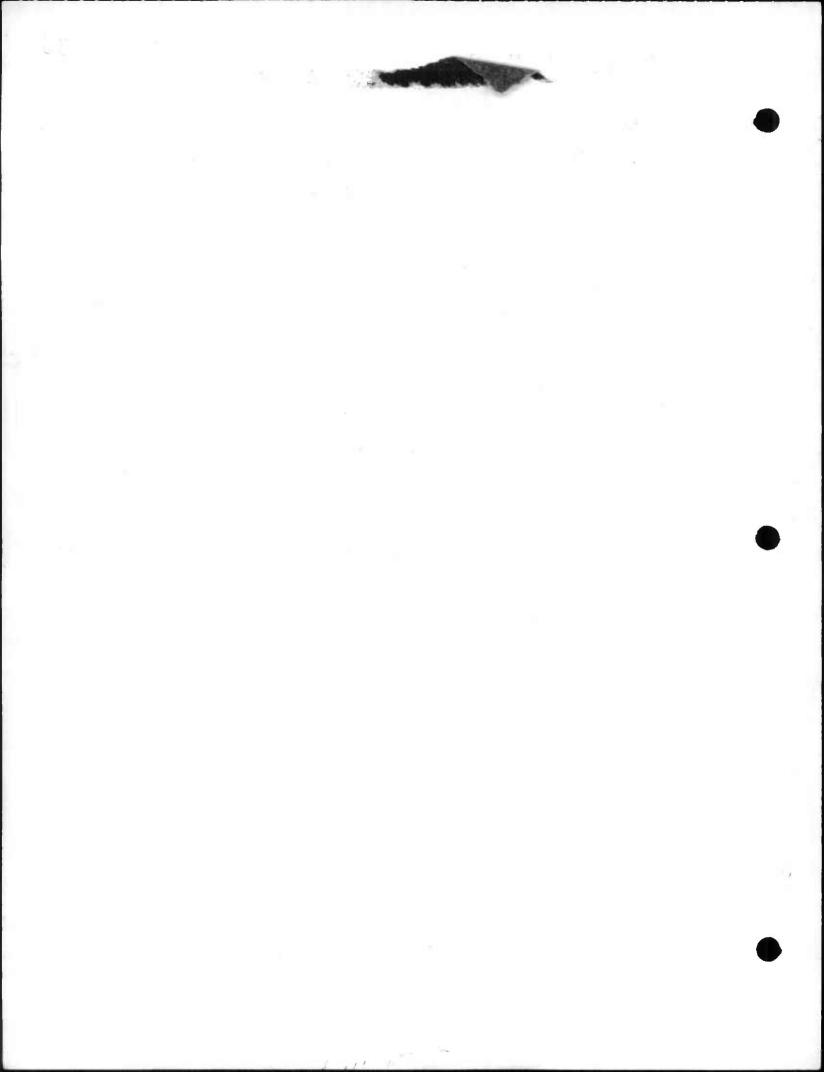
LAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760

filtrate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATT TO THE FUNERAL DIFFECTO be filed within 72 hours after IMPORTANT. If I lien 28 is

	ITEMS: 20b,20c, PER F.H	1. FILM G-/16 10/26/94	L.L.		- 1	
	1 - STATE REGISTRAR	STATE OF MARYLAND / DE	PARTMENT OF HEALTH AND	MENTAL HYGIEN REG. NO	E	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		La THE OF OCCUPA
		NECT OF		MONTH DA		3. TIME OF OEATH
		WEST SR.		SEPTEMBER	26.1994	5:43 PM
	half in the	6. AGE (In yrs. last birth		7. DATE OF BIRTH (Month, Day, Year)	S. BIRT	HPLACE (State or Foreign
1	218-10-6406	1×1 M 2 □ F 1/5 YI	RS. MONTHS DAYS HOURS MIN.	01/2016	7/9	Md.
	9e. FACILITY NAME (If not institution, give street	et and number)	9b. CITY, TOWN OR LOCATION OF	DEATH .	9c. COUNTY OF	DEATH
l cc				LAIN	SC. COUNTY OF	DEATH
DIRECTOR		<u>HOSPITAL</u>	BALTIMORE CITY			
l D	10a. STATE 1 10b. COUNTY	. I I an	SITU TOUGH ON LOCATION			
2		1	CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
	NO DIS	110	ESSEX			1 X YES 2 NO
A A	10. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
1 65	1119 Vum lat	Drive.	2/25	/	11.5	51
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISP	NIC OBIGIN2 (Secolar Vol	No 14 P40	E — American Indian,
	1 Never Merried 2 Married	FORCES? 1 YES 2 NO	If yes, specify Cuben, Mexic	en, Puarto Rican, etc.)	Blac	ck, White, atc.
84	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES.	1 TES 2 TO Spec	ify:	Spec	CIMPICAL
ED	4 2545	W VV II				Much
ш	15. DECEDENT'S EDUCA' (Specify only highest grade co	mpleted) (Give kin	NT'S USUAL OCCUPATION and of work done during most of working	186. KIND OF BUS	SINESS/INDUSTRY	
1 111	Elementery/Secondary (0-12)	College (1-4 or 5+)	IOT use retired.)			
9						
COMPLET	17. FATHER'S NAME (First, Middle, Lest)	1_	18. MOTHER'S N	AME (First, Middle, Melden	Surname)	
E U	line We	5T	Chor	o Tur	Din	
00	190 MFORMANT'S NAME (Type/Print)	19b. MA	ILING ADDRESS (Street and Number or Rura	Boute Number City or Thu	State Zin Code)	
2	Duhil 100 1/1	net 1119	P.10 (at 1)=	12-11	1 _ 3 at 8, 210 COO0)	1221
	Floor ree w	[1]	PUNISAD VI.	SCIIO NI	a 21	dol
5	20e, METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Remove	20b. PLACE AND D cemetery, cramatory	ATE OF DISPOSITION (Name of	OATE 20c. LO	CATION — City or To	own, State
	4 □ Donation 5 □ Other (Specify)	GARRISON		110/28 BALT	IMORE, MD.	4
	21. SIGNATURE OF FUNERAL SERVICE LICEN		22. NAME AND ADDRESS OF F	ACILITATIVES -	finera	Hm
	DOLL HK, X	· Tuss	Jesepen L	19000	Z	11 11/01/11
	75-9000		2222W.1	lorth al	re pa	ITO, UC NHO
	23. CART I. Enter the diseases, or con	mplications that caused the death.	Do not antar tha mode of dying, au	ch as cardiac or reapi	ratory arrest,	Approximate
	iMMEDIATE CAUSE (Final	A Barrier				Oneat and Death
	disease or condition	Mo La stati	. Wng cencer			5 mentes
	resulting in death) a.	OUE TO (OR AS A CONSEQUEN	CE OF:			O numeros
5		(32-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				i
CERTIFICATION	Sequantially list conditions, b.	DUE TO (OR AS A CONSEQUENCE	CE OF:			
F	If any, leading to Immediate cause. Enter UNDERLYING	DOE TO (ON AS A CONSEQUENT	CE OF):			i
3 3	CAUSE (Disease or injury					
	that initiated events	OUE TO (OR AS A CONSEQUENCE	CE OF):			
5 E	resulting In death) LAST					
5	PART II Other elemitions conditions					
	PART II. Other algnificant conditions	/ / death but not readily	ing in the undarrying cause given in	Part i. 24s. WAS AN PERFOR		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					G 1	COMPLETION DE CAUSE
	amal hi brilla	tion, rypero	el Cenia,	1 YES 2	LU-NO	COMPLETION DF CAUSE
EDIC,	diabetes mellites	, / (/	,	1 TES 2	TR-NO	OF DEATH?
: MEDICAL		. Chaniobs friction	e premenary disco	se_	LU-NO	
	DID TOBACCO USE CONTRI	Chanic obstruction BUTE TO CAUSE OF DEATH	YES NO UNCERTA	se_	[J-NO	OF DEATH?
	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	BUTE TO CAUSE OF DEATH 28. PLACE OF	YES NO UNCERTA DEATH (Check only one)	se_	LUNO	OF DEATH?
	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10	BUTE TO CAUSE OF DEATH 28. PLACE OF 10. SPITAL: Proportion: 2 = ER/Outpetlent 3 = DO	YES NO UNCERTA DEATH (Check only one)	N 🗆		OF DEATH?
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ED BY PHYSICIAN:	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	BUTE TO CAUSE OF DEATH 28. PLACE OF INDEPLIENT 3 DO 280. DATE OF INJURY (Month, Day, Year) 28b	YES NO UNCERTA DEATH (Check only one) OTHER: DA 4 Nursing Home 5 Residence TIME OF INJURY M 28c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCUREO	OF DEATH? 1 ☐ YES 2 ☑ NO
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ED BY PHYSICIAN:	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNEP OF DEATH 1 Netural 5 Pending Investigation 3 Suicide S Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICIA	BUTE TO CAUSE OF DEATH 28. PLACE OF INDUSTRIAL: Pinperlient 2 = ER/Outpetlent 3 = DO 280. DATE OF INJURY (Morith, Day, Year) 280. PLACE OF INJURY — At home, fa building, etc. (Specify)	YES NO UNCERTA DEATH (Check only one) OTHER: DA 4 Nursing Home 5 Residence TIME OF INJURY AT WORK? M 1 YES 2 NO Norm, street, factory, office	6 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street or City or Yown, State)	NJURY OCCUREO and Number or Rural ner as stated.	OF DEATH? 1 □ YES 2 □ NO Route Number,
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E COMPLETED BY PHYSICIAN:	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	BUTE TO CAUSE OF DEATH 28. PLACE OF 10 SPITAL: 10 Inpertent 2 ER/Outpetlent 3 DX 28. DATE OF INJURY (Month, Day, Year) 28. PLACE OF INJURY — At home, fa building, etc. (Specify) AN: To the best of my knowledge, death oc On the best of examination and/or investi	YES NO UNCERTA DEATH (Check only one) OT HER: OA 4 Nursing Home 5 Residence TIME OF INJURY AT WORK? 1 YES 2 NO Norm, street, factory, offica Courred at the time, date end place, and during a street occurred at the time, date of the course of the street occurred at the time, date and place, and during a street occurred at the time, date and place, and during a street occurred at the time, date and place, and during a street occurred at the time, date and place, and during a street occurred at the time, date and place, and during a street occurred at the time, date and place, and during a street occurred at the time, date and place, and during a street occurred at the time, date and place, and during a street occurred at the time, date and place, and during a street occurred at the time, date and place, and during a street occurred at the time, date and place, and during a street occurred at the time, date and place occurred at the time.	6 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street of City or Yown, State) a to the cause(e) end man of time, data end place, en	nor se stated. d due to the ceuse(ceuse) 29d. DATE SIGNEC	OF DEATH? 1 YES 2 J-NO Route Number,
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32. REGISTRAR'S SIGNATURE

31. OATE FILED (Month, Day, Year) OCT 0 3 1994



REG. NO.

FOR STATE REGISTRAR

31. DATE FILED (Month, Day, Year)
OCT 0 3 1994

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1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH YEAR MONTH -CHARLOTTE YENGER MARIE 94 17:40 28 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 5/19/ 216-20-4388 68 YRS. 1 🗌 M 2 🗹 F Maryland permit. Pages 1, 2, 3 should 9a, FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St. Agnes Hospital-CCU Baltimore, MD DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 16b. COUNTY 10d. INSIDE CITY Maryland Anne Arundel **Baltimore** 1 YES 2 X NO FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4910 Ritchie Highway use as the burial-transit 21225 U.S.A. retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-lf yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) JO. Elementary/Secondary (0-12) College (1-4 or 5+) detached Hairdresser Owner - Operator 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 2 ā Walter Czaczka Sophia BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Walter Speck 501 Matthews Avenue Baltimore, Maryland 21225 after death. Page 6 may be be 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata must 1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Holy Cross Cemetery 10/1 Baltimore, Maryland event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. filled in by the filon, or removal. 4001 Ritchie Hwy. Baltimore, Md. 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List pnly one cause on each line. ervsi Between IMMEDIATE CAUSE (Finsi Onset and Death cremation. disesse or condition___ Commany Embolism (Multiple) Kulmonary executed with completely resulting in death) burial. 1840 Bladder (Surg + Radio-therapy in 1976) traumatic NO attending physician and Sequentially list conditions, DUE TO (OR AS CONSEDUENCE OF): prior to if any, leading to immediate cause. Enter UNDERLYING pe CERTIFICAT death certificate CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): Mental Hygiene that initiated events resulting in death) LAST 6 injury, Health and Men PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? the 24b. WERE AUTOPSY FINDINGS MEDICAL (2) Hip Replacement Surgery (1979 AVAILABLE PRIOR TO requires that (1) Hypertension any COMPLETION DF CAUSE 1 TYES 2 NO NO OF DEATH? Shows : 684 Lymphede 1 TYES 2 TH-NO been DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | PHYSICIAN: MP Dept. 23 certificate has 25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATH (Check only one) State HOSPITAL:
1 % Inpetiant 2 - ER/Outpetiant 3 - DOA **EXAMINER?** OTHER: 1 YES 2 NO 4 ☐ Nursing Homa 5 ☐ Residence 8 ☐ Other (Specify) the 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with t marked. 1 Natural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After thours after death item 28 is mar BY death HOSPITAL OR ATTENDING 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER (Check only (Ch TO THE HOSPITAL OF THE FUNERAL D be filed within 72 ho IMPORTANT: If its 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF-CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Rendeut Churchamper D- 44789 DO9-28-9L 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Medianie, St. Agues Hogutal, Baltimore, MD 21229 MAUNE U, MD Dant. D KHIN

> 32. REGISTRAR'S SIGNATURE Sinten Rendell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should he State Dect. of Health and Mental Hydiere prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL ON MEMBERSHIP PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL WHECKUR Are this certificate has been signed by the attending physician and completely filled in by the funeral he filed within 72 in the companient of the filed within 72 in the filed within 73 in the filed within 72 in the filed within	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	ERTIFICATE	OF DEAT	TH .		DEG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART				IENE . NO.	
Į.	1. DECEDENT'S NAME (First, Middle, Last)	1 0.	VI	1		2. DATE OF OEA	TH SQ Q	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Ye		BIRTHPLACE (State or Foreign Country)
14	219-78-9537	1 M 2 X F	COQ YRS.	ONTHS DAYS	HOURE MIN.	080	5 34	Korea
œ	9a. FACILITY NAME (If not institution, give s				OR LOCATION OF DI	EATH	9c. COUNT	Y OF DEATH
DIRECTOR	ST. AGNES HOSPITA	<u> </u>		BA	LTIMORE			
IRE	10a. STATE 10b. COUNT	·	10c. CITY,	TOWN OR LOCAT	TION		,	10d. INSIDE CITY LIMITS?
	MARYLAND 100. STREET AND NUMBER	BALTIMORE		ARBUT	US ZIP COOE			1 TYES 2 TO NO
FUNERAL	1239 MAPLE AVENUE	,		101	212	107		N OF WHAT COUNTRY?
S	11. MARITAL STATUS	12 WAS DECEDENT EVER II	N U.S. ARMEO		ENOENT OF HISPAN	VIC ORIGIN? (Speci	ty Yea or No — 14	EAN I. RACE — American Indian, Black, White, atc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	ATES NO	If yea, sp	ecify Cuban, Maxica 2 NO Specif		c.)	Specify:
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S U	SUAL OCCUPATION	ON	16b KIND O	F BUSINESS/INDUS	ASIAN
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of wo life. Do NOT use	ark done durina mo	st of working	Tool Killo	- 5001112507111500	
COMPLETED	N/A		HOMEMA	KER			HOMEMAK.	ING
9 - 1	17. FATHER'S NAME (First, Middle, Lest) CHUN MAN LEE					ME (First, Middle, M	aiden Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING A	DDRESS (Street a	nd Number or Rural	BAEK	v Town State 7in Co	orfe)
일	HAN YEONG YU				ENUE - A			227
	20a. METHOD OF DISPOSITION	20b	PLACE AND DATE OF netery, crematory or other	DISPOSITION (Na			c. LOCATION — Cit	
	4 Donation 5 Other (Specify)	D	ULANEY VA	LLEY ME			COCKEYSV	ILLE
	21. SHOWLO ONE OF PORECAL SERVICE OF	1/1/2	11		D FUNERA		INC.	
	(Pulo C	49		4107 W	ILKENS A	VENUE-BA	ALTIMORE.	MD. 21229
		List only one cause on a	ech line.	t enter the mo	de of dying, suc	h as cerdiec or	reepiratory erres	intarval Between
	iMMEDIATE CAUSE (Final disease or condition	metastatic C	pastric	00	n(ex			Onset and Death
	resulting in death)		CONSEQUENCE OF	:				1,797
NO	Sequentially list conditions,	b						
ATI	if any, laeding to immediate cause. Enter UNDERLYING	DUE TO (OH AS A	CONSEQUENCE OF):					
E	CAUSE (Disease or Injury thet initieted events	C. DUE TO (OR AS A	CONSEQUENCE OF)	:				
CERTIFICATION	resulting in death) LAST	d						
AL O	PART II. Other eignificent condition	ns contributing to death b	ut not resulting in	the underlying	g cauee given in	Part I. 24a. W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDIC/							ERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ						_ /		1 TES 2 NO
AN:	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUSE OF		YES NO	- Bank		
PHYSICIAN	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	e 5 🗆 Rasidenca		4	
품	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME INJU	OF 28c. INJ			IOW INJURY OCCUI	RED
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO			
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, str cify)	reet, factory, offic		281. LOCATION (S City or Town,	treet and Number or State)	Rural Route Number,
LE	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the beat of my know	ledga, death occurred	at the time, data	and place, and dua	to the cause(a) an	d manner sa stated.	
COMPL								cause(s) and manner as stated.
l w l	296. SIGNATURE AND TITLE OF CERTIFIE	Я			29c. LICENSE NUI	MBER	29d. OATE S	SIGNED (Month, Day, Year)
TO B	1 Milles				20	55	► 9/	128/84
	30. NAME AND ADDRESS OF PERSON WE	World /	ATH (ITEM 27) (Type, F	Print)				
	31. DATE FILED (MONTH, Day, 1994) OCT 0 3 1994	32. REGISTRAR'S SIGN						

BALTIMORE, MARYLAND 21215-0020

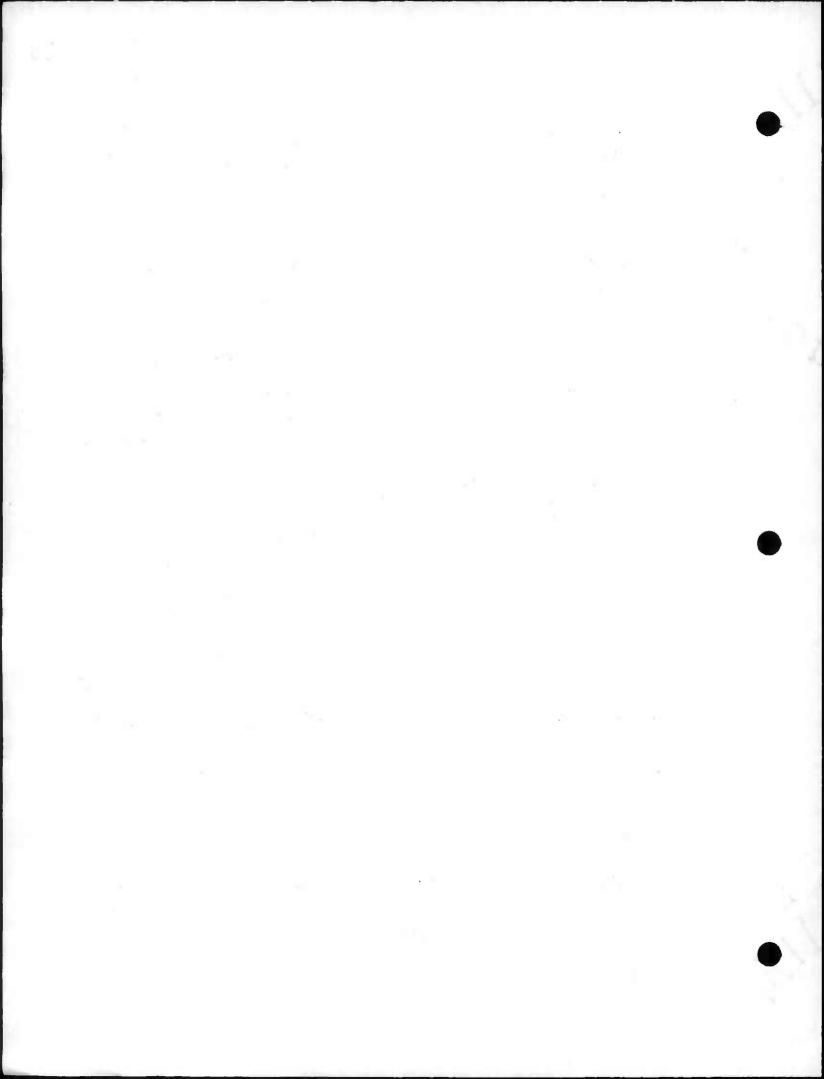
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Though death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEATH
	REGINAL.) (). A	n vrs. last birthday)			MONTH DA	199	3:45PM
	078-48-1666			IF UNDER 1 YEAR IONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-05-43	Co	IRTHPLACE (State or Foreign buntry) IGERIA
	9a. FACILITY NAME (If not institution, give	street and number)	5	b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY C	
DIRECTOR	HOWARD COUNTY GE	NERAL HOSPIT	AL	COL	UMBIA		HOW	ARD
DIRE	MARYLAND 10b. COUNT	Y HOWARD	10c. CITY,	TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	10272 WILDE LAKE	TERRACE			21044	2	1	U.S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			IC ORIGIN? (Specify Yes	or No- 14. F	RACE — American Indian, Black, While, etc.
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TYES	2 NO Specify	:		Specify: AFRICAN
ED	15. DECEDENT'S EDU	ICATION	16e. DECEOENT'S US	LAL OCCUPATION	N	16b. KIND OF BUS	INESS (INDITES	
	(Specify only highest grade Elementery/Secondery (0-12)	completed) College (1-4 or 5+)	(Give kind of wor life. Do NOT use	rk done during mos	t of working	IOD. KIND OF BOS	INESS/INDOST	.,
릴		5+	CHEMIST			FINVTORN	MENTAT.	CHEMIST
COMPLET	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	ME (First, Middle, Maiden		CHIMITIST
BE (AKUNNIA MELOBA	C. ARAH			WINIFRE	D OKAFOR		
2	190. INFORMANT'S NAME (Type/Print) BEVERLY T. ARAH	(WIFE)				Toute Number, City or Tow		
	20e. METHOD OF DISPOSITION	, , , , , , , , , , , , , , , , , , , ,						YLAND 21044
li	1 Donation 6 Other (Specify)	noval Irom State cem	PLACE AND DATE OF etery, cremetory or other	er place)		1	CATION — City of	
- 1	21. BIUNATURE OF FUNERAL SERVICE LI	CENSEE / 1	MIRO CREM		10-10-94 D ADDRESS OF PAC		ONSVILI	E MARYLAND
	K. Ciai	Witke	L.			SELL C WIT		VERAL HOMES
	23. PART I. Enter the diseases, or	complications that caused List only one cause on as	the death. Do not	t antar tha mod	la of dying, such	ss cardiac or respi	ratory arrest,	Approximate
	IMMEDIATE CAUSE (Final		Section 1 - Control of the Control o			1 /	11 0	Interval Between Onset and Death
	disease or condition resulting in death)	· LOLON) CARC	iNOMP	+ W12	h Liver	Mest	
		DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	Sequentially list conditions,	b. OUE TO (OR AS A	CONSEQUENCE OF:	NA>	sep:	h Liven,		
¥	if sny, leading to immediate cause. Enter UNDERLYING				,			į į
Ĕ	CAUSE (Disesse or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):					
ER	resulting in daath) LAST	d						
AL C	PART II. Other significant condition		ut not resulting in	tha underlying	causa givan in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
2	AND	5MIA-				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
闄								OF DEATH?
PHYSICIAN: MEDIC	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEATH Y	ES NO	X	. 1	
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Che	ck only one)		
YSI	1 □ YES 2 NO	1 Inpatient 2 ER/Oulp	etlent 3 DOA 4	☐ Nursing Home		6 Other (Specify)		
	27. MANNER OF OEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (NOI WO	RK?	26d. DEŞCRIBE HOW II	NJURY OCCURE	,
ВУ	Accident Investigation 3 Suicide Could not be	28e. PLACE OF INJURY	— At home, lerm, str		ES 2 NO	28t. LOCATION (Street a	and Number or Bu	ural Boute Number
	4 Homicide 8 Could not be	building, etc. (Spec	ify)			City or Town, State)	no reamon or ria	nei Fiduto Hampol
COMPLETED	29e. CERTIFIER CERTIFYING PHYS	IICIAN: To the beat of my knowl	adoa dasth occurred	et the time date	and place, and due	to the councies and man		
NG.		ER: On the basis of exemination						use(e) and manner so stated.
ECC	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUM			NED (Month, Day, Year)
00	Maune	· Whee	rap		D38	190	D 10	11/94
임	30. NAME AND ADDRESS OF PERSON WI	A	ATH (ITEM 27) (Type, P	rint)		0 0	1/1	1410 -
	MAURICE 31. OATE FILEO (Mogith, Days 1967). A	LOFFELE Log. REGISTRAP'S SIGN	TURE	,505	A271146	o Kehd	Wonb	IN MID ZIOYS
	OCT 0 4 1994	Julius Danisterio	Luciani					



tal or attending physician. I for use as the burial-transit permit. Pages 1, 2, 3 should marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. SION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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TAN The lim requires that the death certificate be executed within	nding ph	Huniana
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Stat T	6d by	th and
dulles	n sign	Term to
A	us bee	Dant
Z I	loate 9	State
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DING P	After th	death w

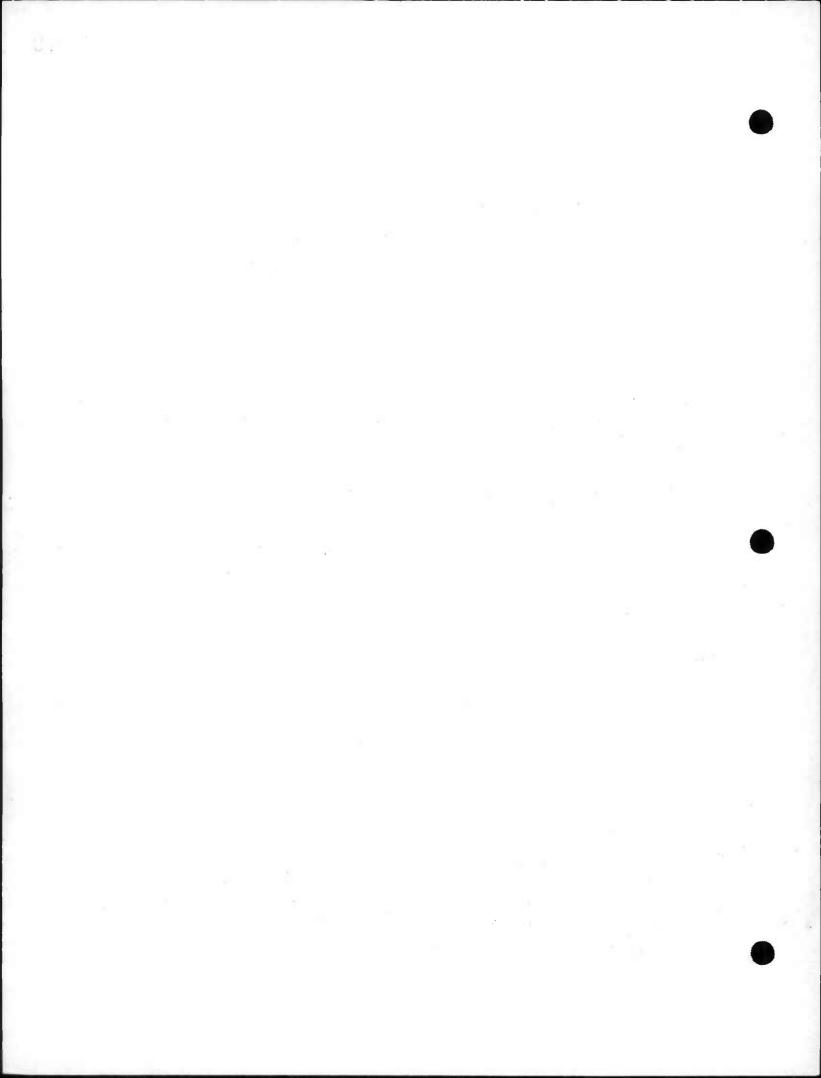
TO THE HOSE TO THE FUN Se filed within

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	1 - FOR REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY	YEAR	ME OF DEATH D
		O Sr.				OCTOBER	01	1994	12:45
	216-03-9083	XM2□F 81	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 11/22/19	12	Maryl	e (State or Foreign and
œ	9e. FACILITY NAME (If not institution, give street	and number)			OR LOCATION OF DE		9c. COUNT	Y OF DEATH	
DIRECTOR	1721 BELT ST.			BALTI	MORE CI	TY			
REC	10e. STATE 10b. COUNTY			Y, TOWN OR LOCAL				10d.	INSIDE CITY
	Maryland		Ва	alto.Ci					YES 2 NO
FUNERAL	1741 Be	elt St.		10	21230		-	ed St	
J.	11. MARITAL STATUS 12 1 Never Married 2 Merried	. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	CENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No-	4. RACE — Ar Black, Whi	nericen Indien, e, etc.
B	3€ Widowed 4 □ Divorced	IF YES, GIVE WAR OR OA		1 🗆 YES	2 XNO Specify			Specify: W	hite
Œ	15. DECEDENT'S EDUCATION (Specify only highest grade com	npleted)	(Give kind of v life. Do NOT us	VSUAL OCCUPATION Work done during mo	ON ost of working	16b. KIND OF BU	SINESS/INDU	STRY	
PLE	elementary/Secondary (0-12) c c c c c c c c c c c c c c c c c c c	college (1-4 or 5+)		al Deli	very	Post	Off	ice	
BE COMPLETED	17. FATHER'S NAME (First, Middle, Lest) Georg	je A	ro	-	18. MOTHER'S NA	ME (First, Middle, Malden Eliz	sumame)	h Rie	h1
TO B	190. INFORMANT'S NAME (Type/Print) Mr. Robert L. Aro)				Poute Number, City or Tow		(ode)	
	20e. METHOD OF OISPOSITION DESCRIPTION Comparison 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Comparison of the Compa								
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. NAME AI	ND ADORESS OF FA	выту Ва	lto.	Md. 2	1230
	1 Dhumdh	Villiam		McCu	ally Fur	neral Hom	ne,13	0 E.F	ort Ave.
	23. PART i. Enter the diseasee, or comehock, or heert failure. List iMMEDIATE CAUSE (Finel disease or condition reculting in death)	pilicatione thet caused only one cause on ee	ch line.	00001		4		st,	Approximate Interval Between Onaet end Death
ERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST	DUE TO (OR AS A							
Ö	DARK II Oak - at all and - all all								
AL	PART ii. Other eignificent conditions co	ontributing to deeth bu	it not resulting i	in the underlying	g ceuse given in	Part I. 24a. WAS AN PERFOR		AVAIL	AUTOPSY FINDINGS ABLE PRIOR TO
PHYSICIAN: MEDICAL		<u> </u>				1 TYES 2			LETION OF CAUSE EATH?
Σ	DID TOBACCO USE CONTRIB	LITE TO CALISE OF	DEATH VE	S D NO D	UNCERTAIN	IM8	E (11)	1 10	YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL		8. PLACE OF OEAT		DINCERIAI	<u> </u>			
SIC		OSPITAL: Inpatient 2 ER/Outpa	tlent 3 DOA	OTHER:	ne Y Y Reeldence	6 □ Other (Specify)			
并	27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TIM	E OF 26c. INJ	- 73.73	28d. OEŞCRIBE HOW I	NJURY OCCU	RED	
		(Month Day Year)		0111 1 110					
≥ 1	1 Natural 5 Pending	(Month, Day, Year)		M 1 🗆 1	YES 2 NO				
TED BY	1 Netural 5 Pending	(Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the C	- At home, ferm, s			261. LOCATION (Street a City or Town, State)	and Number of	Rural Route N	iumber,
	1 Nsturel 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	28e. PLACE OF INJURY building, etc. (Special To the best of my knowle	At home, ferm, s	straet, fectory, office	end piece, end due	City or Town, State) to the cause(s) end mar	ner se atated		
COMPLETED	1 Nsturel 5 Pending Investigation 3 Suicide 6 Could not be datermined 29e. CERTIFIER (Check only) CERTIFYING PHYSICIAN	28e. PLACE OF INJURY building, etc. (Special To the best of my knowle	At home, ferm, s	straet, fectory, office	end piece, end due	City or Town, State) to the cause(s) end mar time, date end place, en	iner ee atated	l. ceuse(e) end (nenner ee stated.
BE COMPLETED	1 Nsturel 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	28e. PLACE OF INJURY building, etc. (Special to the best of my knowle in the bests of exemination	At home, ferm, s	etraet, fectory, office and at the time, date in, in my opinion, d	end piece, end due leath occured at like	City or Town, State) to the cause(s) end mar time, date end place, en	d due lo lhe	ceuse(e) end (nenner ee stated.
COMPLETED	1 Nsturel 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	28e. PLACE OF INJURY building, etc. (Special to the best of my knowle in the bests of exemination	— At home, ferm, a yy) dge, death occurre end/or investigatio TH (ITEM 27) (Type,	etraet, fectory, office and at the time, date in, in my opinion, d	end piece, end due leath occured at live 29c. LICENSE NUM	City or Town, State) to the cause(s) end mar time, date end place, en	d due lo lhe	ceuse(e) end (menner ee stated.

BALTIMORE, MARYLAND 21215-0020

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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) DONALD BLAND				DEATH.	2. DATE OF DEATH MONTH 9 - 2 7 - 9 4	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 215-30-1076 9a. FACILITY NAME (If not institution, give st	1 M 2 F	1 YRS.	UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 5 - 26 - 33	Count	HPLACE (State or Foreign MD .	
TOR	INNS OF EVERGI				TO. CIT		COUNTY OF E	DEATH	
DIRECTOR	MD 10b. COUNTY			LTO.	CITY		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 2525 WEST	BELVERDERE	AVE	,	2121		US	WHAT COUNTRY?	
BY	11. MARITAL STATUS 12. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, s		IIC ORIGIN? (Specify Yas or N n, Puarto Rican, atc.)	Spec	E — American Indian, k, White, atc. ifly: ACK	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+) NA	18a. DECEDENT'S US (Give kind of work life. Do NOT use in LABOR	k done during n stired.)	ION post of working	16b. KIND OF BUSINES		11011	
	17. FATHER'S NAME (First, Middle, Lest) NA		-		18. MOTHER'S NA	ME (First, Middle, Maiden Suma NA	ame)		
TO BE	19a. INFORMANT'S NAME (Type/Print)	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number,							
	SARAH JACKSON 200. METHOD OF DISPOSITION		3411 PLACE AND DATE OF I		lame of	RN PARKWAY	ON — City or To	own, Stata	
	1 Burlel 2 Cremstion 3 Ramo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	M(OUNT ZIO	7			INS F	ERRY RD.	
	Marie (arrow		IRV		OLL-1712 W		TH AVE.	
CERTIFICATION	23. PART I. Entar the diseases, or cahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	35	nbolis Jero	512	,	Approximate Interval Between Onset and Death IOMINATE IOVES	
PHYSICIAN: MEDICAL C	PART II. Othar aignificant conditions	a contributing to death bu	at not reaulting in	the underlyli	ng cause given in	Part i. 24a. WAS AN AUTO PERFORMED t YES 2	?	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 YNO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. I	PLACE OF DEATH (Ch	eck only one)			
BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 Inpatient 2 ER/Outpu 28a. DATE OF INJURY (Month, Day, Year)		Nursing Ho	JURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW INJUR	RY OCCURED		
	3 Suicida 8 Could not be datarminad	28e. PLACE OF INJURY building, atc. (Speci	Route Number,						
COMPLETED	1000	CIAN: To the best of my knowled						a) and menner ea stated.	
TO BE	29b. SIGNATURE AND TOTAL OF CENTURE				29c. LICENSE NUM	7928 P	DATE SIGNED	3/94	
	30. HAME AND ADDRESS OF PERSON WHO	22 AEONTRANS SIGNA	Re A	125	vite 2	2 Kg77.	hone	mo	
	OCT 0 4 1994	1.	Rudock					21713	



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

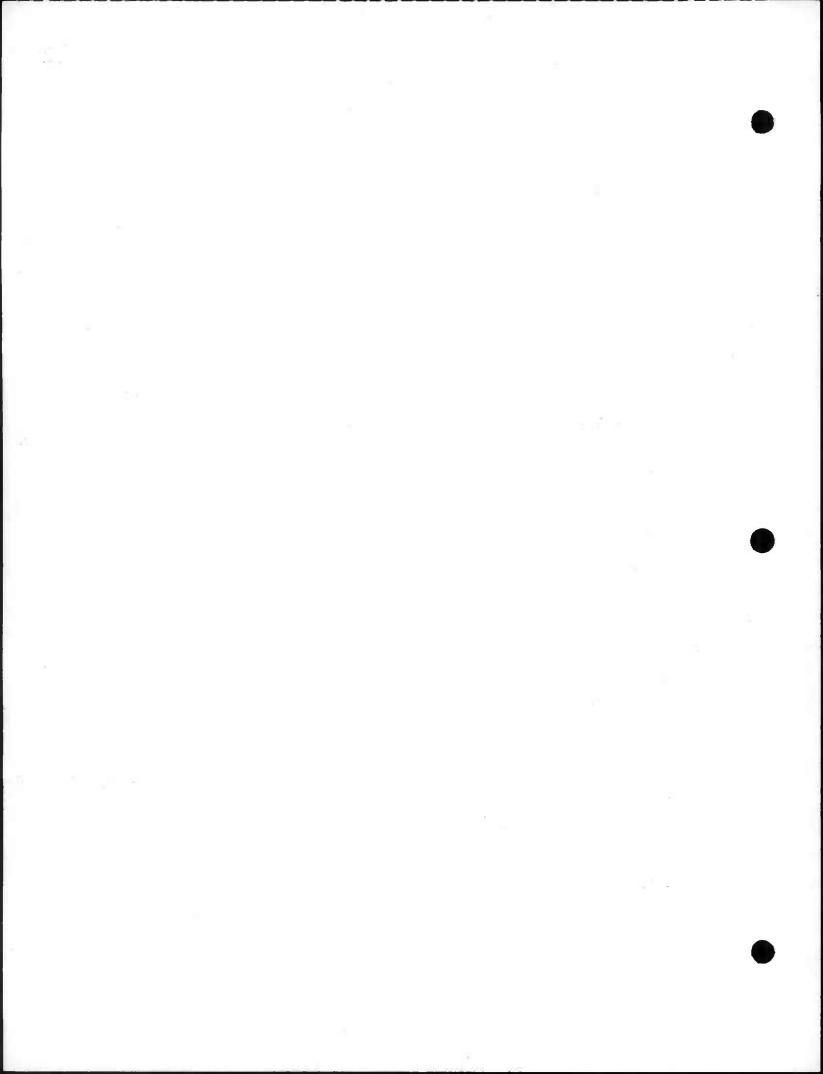
	1 - STATE STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)	BAFFERLI	n James	Baier		2. DATE OF DEATH	DAY 9 YEAR	3. TIME OF DEATH 3.08 A M			
		XXM 2 F 53	41 M	THPLACE (State or Foreign untry) Uyland							
DIRECTOR	96. FACILITY NAME (If not Institution, give street and number) UNIVERSITY OF MARYLAND HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 96. COUNTY OF DEATH BALTIMORE CITY										
	Maryland 10e. STREET AND NUMBER		10c. CITY, TO	WN OR LOCATION		imore Cit		10d. INSIDE CITY LIMITS? YES 2 NO			
FUNERAL	1001 South Clinto			10f. ZIP		21224	Unite	d States			
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U. FORCES? 1 YES IF YES, GIVE WAR OR OATE	2 1/2 NO	If yea, specify	ENT OF HISPAN Cuban, Maxicar NO Specify	IC ORIGIN? (Specify Y 1, Puerto Rican, atc.) :		CE — American Indian, ack, White, atc. ec/ly: White			
LETED			IIIe. Do NOT use ret	done during most of ired.)	working	16b. KIND OF B	USINESS/INDUSTRY				
COMPLET	10th Grade 17. FATNER'S NAME (First, Middle, Last)		Superv.		MOTNER'S NAM	Bethl ME (First, Middle, Maide	ehem Ste	el Corp.			
BE C	Franklin Adam Bas	ier				Johanna S					
10	19a. INFORMANT'S NAME (Type/Print)		1	RESS (Street and No	umber or Rural R	loute Number, City or To	wn, State, Zip Code)				
	Kathleen I. Baier 209, METNOD OF DISPOSITION 10 Donation 5 Other (Specify)	20h BI	ACE AND DATE OF DI	South C sposition (Name of	linton	Street. OATE 20c. L	Baltimor	O MD 21224 Town, Slata			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE SEE	wied Hi.	22. NAME AND AL	DORESS OF FAC	HLITY					
	Pont PC	0		7922 W	ise Au	2. Dundal	b Marule	dalk, Inc.			
	23. PART I. Enter the diseasea, or conshock, or heart failure. Lis	iplications that caused the tonly one cause on each	ne death. Do not e n line.	entar the moda o	f dying, auch	aa cardiac or rea	piratory arreat,	Approximate Interval Batween			
	iMMEDIATE CAUSE (Final disease or condition reaulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):										
NOIT	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): Consequentially list conditions, Due to (OR AS A CONSEQUENCE OF):										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	A /1	lenous	Leu	Kemia		Years			
MEDICAL (PART II. Other significant conditions of	ontributing to death but	not resulting in th	a underlying car	usa givan in i	Pert I. 24e. WAS A PERFO	RMED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?			
: WE	DID TOBACCO USE CONTRIB	LITE TO CALISE OF	DEATH VEC		INCERTAIN			1 TES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	28.	PLACE OF DEATH (C		NCERIAIN						
YSIC	1 TYES 2 NO	OSPITAL: Anpetient 2 - ER/Outpetie		HER: Nursing Nome 5	☐ Residence (B Other (Specify)					
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY WORK?		28d. DEŞCRIBE HOW	INJURY OCCURED				
TED BY	2 Accident Investigation 3 Suicide a Could not be detarmined 4 Homicide detarmined 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 28a. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)										
COMPLETED		N: To the best of my knowledg On the basis of examination ar						r(a) and manner as stated,			
296. SIGNATURE AND TITLE OF CERTIFULE 290. LICENSE NUMBER								2) 94			
	30. NAME AND ADDRESS OF PERSON WHO C	mp 22 S	GREEN	ST. UN	V. OF	MO Hos	PITAZ	BAITMORE			
	31. DATE FILED (Month, Day, Year) OCT 04-1994	32 AGGISTRAR'S SIGNATU	Randall								

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THE SIGNAL. The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attending physician.

The law retrificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. THE PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO BE COMB TO THE HOSPO TO THE FUNE TO Sed within IMPORTANT

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF H	EALTH AND	MENTAL	HYGIEN REG. NO				
1. DECEDENT'S NAME (First, Middle, Last) JEFFERY	BOWMAN				2. DATE O		AY	YEAR	3. TIME OF DEAT	ГН
					ОСТ	0.1	199	4	4:45	A
4. SOCIAL SECURITY NUMBER		MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		Dey, Year)	1	8. BIRTH Countr	PLACE (State or Fory)	oreign
	1 x M 2 D F 2 Z			1		<u>8/70</u>		M	d.	
99. FACILITY NAME (If not institution, give s CLIFTON PARK	treet and number)			R LOCATION OF DI			9c. COUN	TY OF D	EATH	
RESIDENCE OF DECEDENT			BALTI	MORE CI	. T. X					
10a. STATE 10b. COUNT	Y	10c. CITY, TO	OWN OR LOCAT	ION					10d, INSIDE CITY	,
Md.	Balto.	TuTo	odlaw	•••					LIMITS?	
10e. STREET AND NUMBER		VVC		ZIP CODE	-		10a. CITIZ	EN OF W	WHAT COUNTRY?	NO
6800 Liber	ty Dd			21207						
11. MARITAL STATUS	12 WAS DECEDENT EVED IN	U.S. ARMED	13. WAS DEC	21207 ENDENT OF HISPAI	VIC ORIGIN?	(Specify Ver		SA 14 BACE	E — American Indi	***
1 Never Merried 2 Merried	FORCES? 1 YES	2 ⊋NO	If yes, sp	2XXXVO Specific	in, Puerto Ri	can, atc.)		Black	c, White, etc.	,
3 Widowed 4 Divorced			1 123	ZZZZWO Specii				Bla	čk	
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USL	JAL OCCUPATIO	ON et of westring	16b.	KIND OF BUS	SINESS/INDU	JSTRY		
Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)							
		une	employ	/ed						
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	, ,	,	,			
Robert Adams			Mild						an	
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural	Route Numbe	r, City or Tow	n, State, Zip	Code)		
Mildred Bowma	an	2747	Wilke	ens Ave	. B	alto	. Mo	a . :	21223	
20e. METHOD OF DISPOSITION 1 □ Burlal 25 □ Cremetion 3 □ Rem		PLACE AND DATE OF D	ISPOSITION (Ne		DATE		CATION — C			
4 Donation 5 Other (Specify)		etery, crematory or other letro Cre		V	70/	3 B	alto	,	Md	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY							- 1	*10	
James	a. Mat	(1)		Laure				7	Md. 212	0 1 7
disease or condition resulting in death) a. MULTIPLE GUNSHOT WOUNDS, ISLUME FORWER THAT OF THE THAT IS A SONSEQUENCE OF. Sequentially liet conditione, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
	d,									
PART il. Other significant condition	s contributing to death bu	it not recuiting in ti	he underlying	cause given in	Part i.	24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FI	NDINGS
						PERFOR			AVAILABLE PRIOR COMPLETION OF C	
					-	TOW TES 2	□ NO		DF OEATH?	10
DID TOBACCO USE CONTI	RIBUTE TO CAUSE OF	F DEATH YES		UNCERTAIN					1 YES 2	NO
25. WAS CASE REFERRED TO MEDICAL		8. PLACE OF GEATH (C		ONCERIAII	101					
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Output	01	THER:	5 🗆 Residence	a (Other	(0				
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	F 28c. INJ	JRY AT	_	RIBE HOW II	NJURY OCC	UREO		_
1 Natural 5 Pending	(Month, Day, Year)	NJURY		RK?					GLED DID	55
a Catal	2 Accident investigation 28s, PLACE OF INJURY — At home term street factory office 28s, PLACE OF INJURY — At home term street factory office 28s, PLACE OF INJURY — At home term street factory office									
4 Homicide S Could not be	building, etc. (Speci	in pour			City or	Town, State)				140
29e. CERTIFIER									RIVEBOL	HUL
	CIAN: To the best of my knowle									
	R: On the basis of examination	wiki/or investigation, in	i my opinion, de	emn occured at the	time, date e	nd place, en	d due to the	ceuse(s) end menner ee s	tated.
29h SIGNATURE AND TITLE OF CERTIFIER	0/ 00			29c. LICENSE NUM	MBER				(Month, Day, Year)	
were me	Julia			O.C.M.	Ε.		00	CT (01,1994	1
30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print 11 Penn	Stree	et, Bal	timo	re, l	Mary.	land	d 2120	1
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE								



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31. DATE FILED (Month, Day, Year)

OCT 0 4 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ANDARY

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32. REGISTRAR'S SIGNATURE

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after death. Page 6 may be retained by the hospital or attending physician.	eral director, page 5 should be detached for use as the burial-transit permi	
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within	ling physician and completely filled in by the fu	a season will be come copy. Of realth and months higher prior to contain the copy of the c
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SICIAN: The law requires that the death certificate be executed	s certificate has been signed by the attending physician and cor- ity the State hand of Health and Memal Hymine prior to hurial	Displace of the second
leath (3. After this certificate has been signed by the attending of death with the State Dane of Health and Mental Hum	1707
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH ESSIE DETOBER 1:00 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign Year, 17 220074156 DAYS 1 M 2 ,F Dec. 84 1909 Maryland 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Good Samaritan Hospital Baltimore City 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore , City Maryland 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21239 1706 Ramblewood Rd U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexicen, Puerio Ricen, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried t TYES 2 NO Specify В 3 Wildowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 9 Sales Ladv Hechts Dept. Store 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumerne) BE Harry M. Heckcrote GIllespie Eya 19e. INFORMANT'S NAME (Type/Print) 0 Benton Heights Ave. Edgar W. Heckcrote 21206 e 28a METHOD OF DISPOSITION
1 Deursel 2 Cremetton 3 Renewal from State
4 Donetton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Moreland Mem. Pk. 10/5/94 Balto. Md 21. SHINATURE OF FUNERAL SERVICE DESIGNED examiner 22. NAME AND ADDRESS OF FACILITY
Leonard J. Ruck Inc. 1 mds 5305 Harford Rd 21214 medicai 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert fellure. List only one ceuse on each line. Approximete Interval Between IMMEDIATE CAUSE (Finel Oneet end Deeth the disease or condition resulting in deeth) VA Minutes event, DUE TO (DR AS A CONSEDUENCE OF) Year S raumatic CERTIFICATION Sequentielly liet conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST PART II. Other eignificent conditione contributing to death but not resulting in the underlying ceuse given in Pert I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 TLANS OF DEATH? 1 YES 2 2-NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE DF DEATH (Check only one HOSPITAL:
1 Dinpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide co 8 Could not be COMPLETED DIRECTOR: hours after item 28 4 Homicide 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end menner es stated. (Check only one) 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) and menner as stated. 29b, SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Yeer) BE 1530 994

or attending priysician.	r use as the burial-transit p		
its after death, raige o fillay be retained by the hospital or attending pri	the funeral director, page a signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit of		must be notified at once.
within purs after death, rage	pletely filled in by the funeral din	cremation, or removal.	Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
בינית או בינית בינית וופ ומא ופקטווכים נוומן נווכ טפמנון כפונווונימופ טכ פאכטופט או	he attending physician and com	er douth with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	jury, or other traumatic ev
AN. THE IAM TEQUITES THAT THE	rificate has been signed by th	ne State Dept. of Health and N	or item 23 shows any inj
CHUNG FREDR	R. After this ce.	er death with the	is marked.

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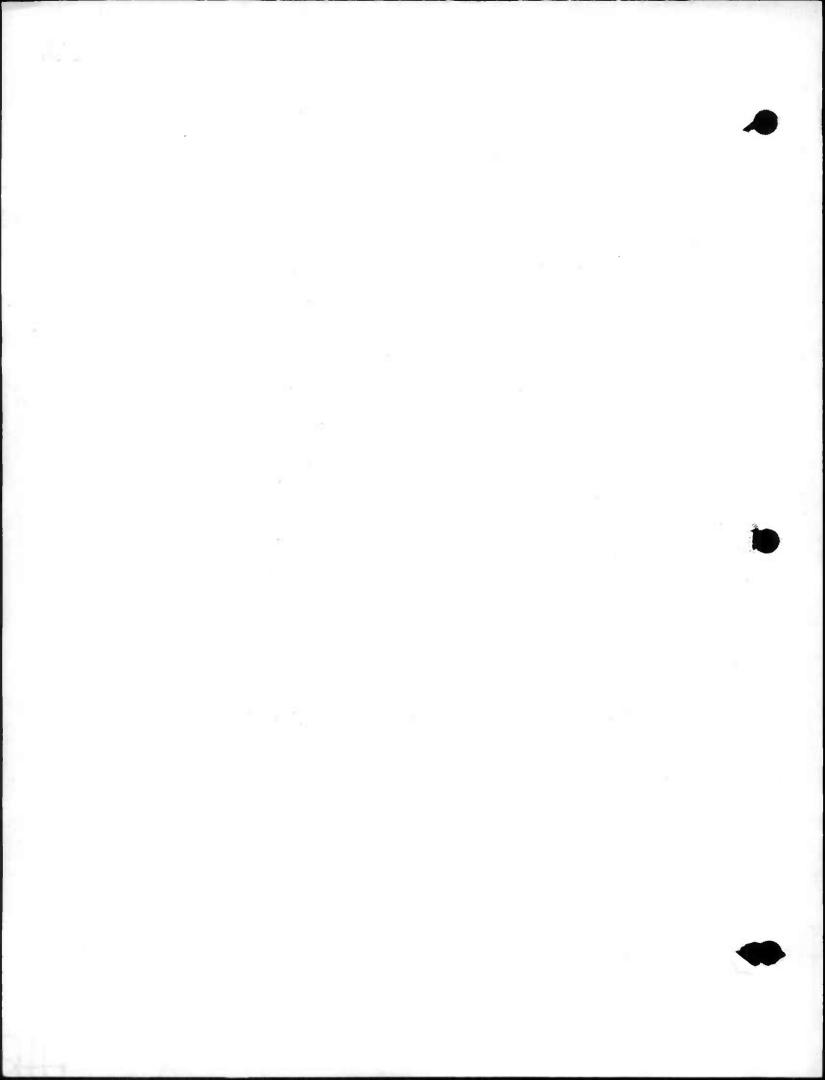
Pages 1, 2, 3 should

94 28944 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH Diana F. Bierman 10-1-1994 DATE OF BIRTH (Month, Day, Year) 4-4-192 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign 214-12-8943 73 DAVE 1 M 2/2/4 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1622 Denise Dr. Apt.D DIRECTOR Fornest Hill Hanford RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Hanford Md. Fornest Hill 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1622 Denise Dr. Apt. 21050 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yea, specify Cuber, Mexican, Puerto Rican, atc.)
1 ☐ YES 2 ☑ NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried ВУ Specify: White 3 Wildowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Home. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Edward Mooa Diana Otto BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 Mrs. Doris M. Balto Pike, Hanover, Pa. Green 26e. METHOD OF DISPOSITION
1 ☐ Burlel 2X Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Crematory Balto, Md.
22. NAME AND ADDRESS OF FACILITY
Hartley Miller Funeral Home Greenmount 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 1/10 Rd. 7527 Harford Balto. Md 21234 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or haart fallure. List only one cause on each ilna interval Between **IMMEDIATE CAUSE (Finel** Onset and Death disease or condition_ NINNA resulting in death) DUE TO (OR AS A CONSEQUENCE OF) MECHINYS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, landing to immedieta cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO CDMPLETION OF CAUSE 1 TYES 2 THO DF DEATH? 1 - YES 2 - NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 UYES 2 HO 5- Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide determined CERTIFIER CHARLES AND TO THE DEST OF MY Knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 29e. CERTIFIER 2 MEDICAL EXAMINER: On stigation, in my opinion, death occured at the time, date and place, end due to the ceuse(e) end menner ee stated,

042 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) DHMH-16 Rev 1/89

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Your)



TO BE COMPLETED BY FUNERAL DIRECTOR

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29a. CERTIFIER (Check only one)

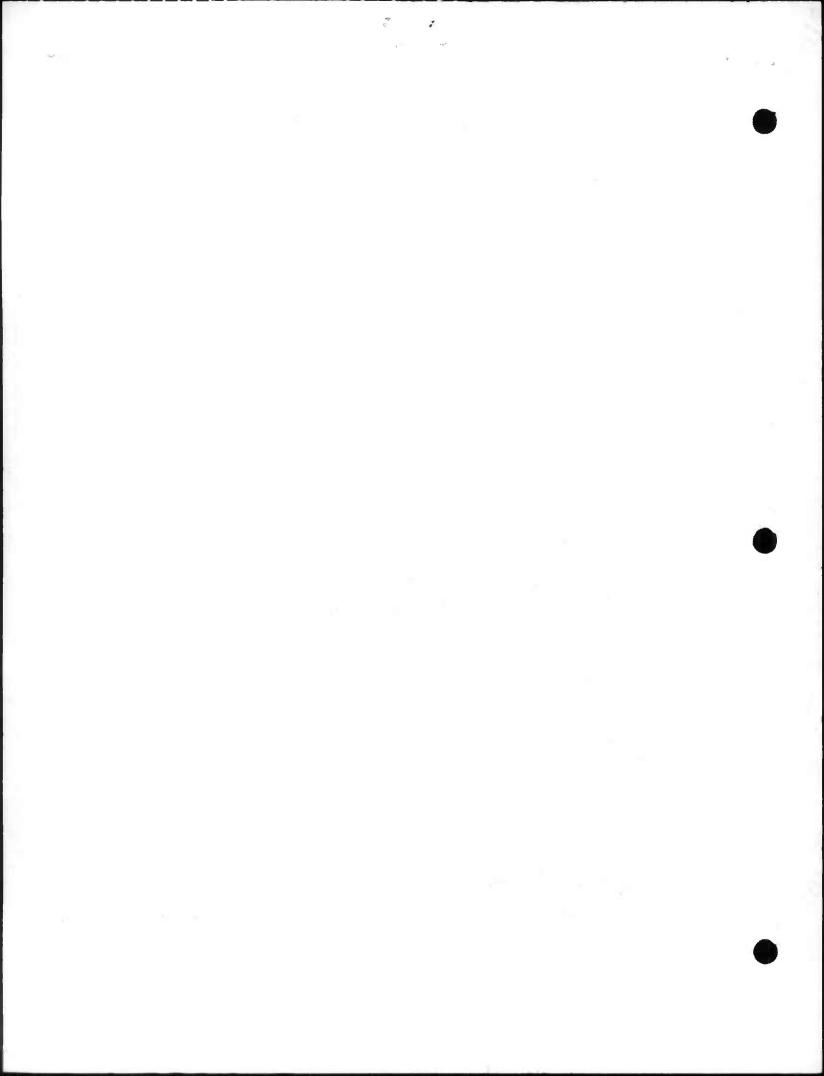
									91	1 6	10943
FOR 1 . STATE	STATE OF I							MENTAL HYGIEN	E		
REGISTRAR		CI	ERTIF	ICATE	E OF	DEA	ГН	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	-	_						2. DATE OF DEATH MONTH DA	/A.	YEAR	3. TIME OF DEATH
	James	Jerome		Be	ale			Sept. 28			7:30 A M
			t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		8. BIRTH	IPLACE (State or Foreign
215-28-8790			YRS.	WONTHS	DAYS	HOURE	wire.	Mar. 19, 193	2	MA	RYLAND
9a. FACILITY NAME (If not institution, give si	,			9b. CITY	, TOWN C	R LOCATI	ON OF D	EATN	9c. COI	JNTY OF D	EATN
St. Joseph's Ho	spital				Tow	son			Bal	timo	re County
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		Inc. CIT	Y, TOWN C	OR LOCAT	ION	_				10d. INSIDE CITY
MARYLAND B.	ALTIMORE			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TOW						LIMITS?
10e. STREET AND NUMBER					101	ZIP COD	E		10g. CI1	TIZEN OF V	WHAT COUNTRY?
404 E. Pe							212			SA	
11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. AR	MED		It yes, spe	cify Cuba	n, Maxica	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No-	14. RACE Black	E — American Indian, k, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES			1 TYES	2 X NO	Specif	y:		Speci	Hy:
15. DECEDENT'S EDUC	CATION	18e DE	CEDENT'S	USUAL O	CCUPATIO	M		16b. KIND OF BUS	INESC/IN	DUCTOV	BLACK.
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	(G	ive kind of w	vork done	during mo	st of working	ng	IOU. KIND OF BUS	INESS/IN	DUSTRY	
12	Conege (1-4 or 3		ck D	rive	r			Waste	Mana	geme	nt
17. FATNER'S NAME (First, Middle, Last)						18. MQTI	NER'S NA	ME (First, Middle, Maiden	Surname)		
Robert	Allen B	eale				M	argr	et Robinso	n		
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street a	nd Number	or Rural	Route Number, City or Town	n, State, Zi	ip Code)	
Seneith R. Bea	le		404	Ε.	Penn	sylv	ania	Ave., Tow	son,	MD :	21204
20a, METHOD OF DISPOSITION 1 XBurlal 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval trom Stata	206. PLACE	matory or of	prosper place)	E.Ce	hűre mete	h ry	1 3	rks.	- City or To	wn, Stata
21. SIGNATURE OF TUNERAL-BERVICE LIC				22.	NAME AN	D ADDRE	SS OF FA		LBS.,	1117	
/	D. Laws				Lemm	on F	uner	al Home			
23. PART I. Enter the diseases, or o			eth De e	-1 -nt-r	10 W	Pa	doni	a Rd , Tim	مينس	m M	
ahock, or heert feilure.	List only one cau	se on each line	etti. D O 11	ot enter	the mo	de ot dy	ing, auc	n ee cerdiec or respi	ratory a	rrest,	Approximate interval Between
IMMEDIATE CAUSE (Finel disease or condition	·	- 1	00		/						Onset and Death
resulting In death)	, JOA	JEN_	1)51	471	+						
	DUE TO	(OR AS A CONSE	DUENCE OF	9: 10 a	0.5	uire	/	NI			minutes
Sequentially list conditions,	776576	10000	ng	PVI	Las,	,					170.1.3
if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OH AS A CONSEC	CA/A	·):	11.	ment	-				
CAUSE (Disease or injury	DUE TO	(OR AS A CONSE	LIENCE OF		HY	sec.	775				
thet initieted evente reaulting in death) LAST	552 10	(ON NO A CONSE	DOENCE OF	.):							İ
	1										
PART II. Other eignificent condition	s contributing to	deeth but not r	esulting I	n the un	derlylng	ceuse	given In			24b.	. WERE AUTOPSY FINDINGS
CVA	- /	dury	60	nco	~		/	PERFOR	-		AVAILABLE PRIOR TO COMPLETION DF CAUSE
Carlos and Charles 2 (1985 2 (1986) OF DEATH?											
DID TOBACCO USE CONTI	RIBUTE TO CA		TH YE	S 1	NO [UNC	ERTAII	V D			1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL			E OF DEAT								
EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOOA	OTHER		5 🗆 Pa	sidence	8 Other (Specify)			
27. MANNED OF DEATH	28a. DATE OF	INJURY	28b. TIME	E OF	28c. INJ	JRY AT		28d. DESCRIBE NOW IN	JURY OC	CURED	
1 Natural 5 Pending	(Month, D	wy, rear)	INJ	M	1 🗌 Y	RK? ES 2	NO				
2 Accident Investigation	28a, PLACE O	F INJURY At ho	me. farm. s	treet fact	on office			281 LOCATION (Street a	ad Alumba	or Press C	Paula Mumbas

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION 296. SIGNATURE AND TYPLE OF CERTIFIER

MSTUJE N. KENKEN 29c. LICENSE NUMBER
DIG189 29d. DATE SIGNED (Month, Day, Year)

9-28-94 Monge N. Karken MD PA

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) M.D., 6565 North Charles Street, Suite 615 East , Towson, MD 32. REGISTHARS SIGNATURE



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a month of the death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 687604

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	TIEGIOTIVIT		OL.	-4.2.6.14	IVAIL	_ 01	חשט	11	HEG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH		VEAD	3. TIME OF DEATH		
	Dr. Naci N	ejat Buy	rukuns	sa1					0ct. 1	19	94	17:40 M		
	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (in yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER 2	24 HRS.	7. DATE OF BIRTH		8. BIRTNI	PLACE (State or Foreign		
	219-40-8054	1 🔯 M 2 🗆 F	71.	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug. 6, 19	23	Country T111	rkey		
	9a. FACILITY NAME (If not institution, give str	eet and number)			9h, CITY	TOWN C	OR LOCATIO				OUNTY OF DEATH			
œ	Carroll County Ge		n:+01		1.0					-				
2	RESIDENCE OF DECEDENT	meral nos	priar		,	Nest	minst	er		Ca	FFOL	l County		
E	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	TION					10d. INSIDE CITY		
DIRECTOR	Maryland Howar	d County			Syke	esvi	11e				- 1	LIMITS?		
	10e, STREET AND NUMBER						. ZIP CODE					1 YES 2 NO		
FUNERAL						101				10g. CIT		HAT COUNTRY?		
W	1730 W. Friendsh							.784			U.S	. A .		
E	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	VER IN U.S. AR	MED IO	13. 1	MAS DEC	ENDENT OF	HISPANI	C ORIGIN? (Specify Yea, Puerto Rican, etc.)	or No-	14. RACE Black	— American Indian, White, atc.		
B⊀	3 Widowed 4 Divorced	IF YES, GIVE WAR			1	☐ YES	2 X NO	Specify:			Specifi			
												WIIIC		
	15. DECEDENT'S EDUCA (Specify only highest grade of		(Gi	CEDENT'S	vork done o	CUPATIO furing mo	ON st of working	,	16b. KIND OF BUS	SINESS/INC	DUSTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us		D								
₹		8		Mea	ical	рос	tor		Med	ical				
COMPLETED	17. FATNER'S NAME (First, Middle, Last)								E (First, Middle, Maiden					
BE (Hasan Bas	ri Buyuku	nsal				S	Safiy	ye Buyukun	sal				
	19a. INFORMANT'S NAME (Type/Print)	· ·	198	. MAILING	AOORESS	(Street a	nd Number o	or Rural Ro	oute Number, City or Town	n, State, Zip	Code)			
2	Mrs. Mukadder Buy	ukunsal		1730	West	t Fr	iends	ship	Road Syke	svi1	1e. 1	MD 21784		
	20a. METHOD OF DISPOSITION		20b. PLACE		_						City or Tow			
	XX Buriel 2 Cremation 3 Removed 4 Donation 5 Other (Specify)	val from Stata	Lake	matory or of	ther place)	Pa	rk	10	/4/1994 S					
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSFE /	Harc	VICW			O ADDRESS			y Kes	ATTIC	5, IID		
			11						AL HOME (P	.0.	Box	195)		
	Drian L	- Mang	pus		1 1				MD 21784					
	23. PART i. Enter the diseases, or co	emplications that 6	susad the de	ath. Do n	ot anter	tha mo	da of dyin	ig, such	as cardiac or respi	ratory an	rest,	Approximate		
	shock, or heart failure. List only one cause on each line.													
	iMMEDIATE CAUSE (Fins) disesse or condition	104	- 1. 1	10.10	lami	CAD	101	1.	la of			Onset and Death		
H	disease or condition resulting in death) 8. Left Sided (Reebrovascular Accident DUE TO (OR AS A CONSEQUENCE OF):													
	- Isologuia Honor Discours													
S I	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):													
F	if any, leading to immediate cause. Enter UNDERLYING	17. / /	/ / CONSEC	JOENCE OF	1 - 1	1								
5	CAUSE (Disease or injury C.	Miller	Lowe i	201	26 4	ueu	Mouro	χ						
Ē	that initisted events resulting in death) LAST	\ /	(//	/									
#	d.	Dian	eres u	well	rus'							1		
EDICAL CERTIFICATION	PART II. Other significant conditions	contributing to de	sth but not n	esulting i	n the un	derlying	csuse al	ven in P	art i. 24s. WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS		
8		-					110000		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE		
<u>a</u>							_		1 YES 2	NO		OF DEATH?		
Σ												1 TYES 2 NO		
PHYSICIAN:	DID TOBACCO USE CONTR	IBUTE TO CAUS	E OF DEA	TH YE	1 D S	10 [UNCE	RTAIN	9		-			
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? EXAMINER? CONTROL 28. PLACE OF DEATN (Check only one)													
Š		HOSPITAL: 1 Inputient 2 I EF	/Outpatient 3	□ DOA	OTHER		e 5 🗆 Resi	idenca 8	Other (Specify)			İ		
ΞI	27. MANNER OF OEATH	28s. OATE OF INJ		28b. TIM	E OF	28c. INJ	URY AT		28d. DESCRIBE NOW IN	JURY OC	CURED			
	1 Natural 5 Pending	(Month, Day, 1	ear)	INJ	URY M	1 🔲 Y		NO						
B≼	2 0 0:1-14:	28s. PLACE OF IN	JURY — At hor	ne, farm, s	treet, fecto	ory, office			281. LOCATION (Street a	nd Number	or Rumi Bo	oute Number		
COMPLETED	4 Nomicide 8 Could not be determined	building, atc.	(Specify)						City or Town, State)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0. 110.0.710	, site rearrant,		
<u>u</u>	29a. CERTIFIER											41 1 1 1		
<u>4</u>	(Check only													
ō I	2 MEDICAL EXAMINER:	On the basis of exem	nation and/or is	nvestigatio	n, in my op	olnion, de	esth occured	d st the ti	ms, data and place, and	dua to th	re cause(a)	and manner se stated.		
E	296. SIGNATURE AND TITLE OF PERTIFIER	1)					29c. LICEN	ISE NUMB	BER	29d, DAT	E SIGNED	Month, Day, Year)		
@	fatueth At Til	WO Aus					1)71	() 200	<u> </u>		10/2/	64		
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DEATH (ITEM	27) (Tvne	Print)		00	0000			14/3/	<i>f /</i>		
	tatoo 4	111110	210/	DA-A-			11/30	- 1.1.	out D1-	-11	./.	MD 21784		
	31. DATE FILED (Month, Day, Year)	1 22 BEGIGTER	1//	HUKIC	E IUR	NES	1425	LIB	cry Ker, E	100ers	16UR	- S 61/84		
- 10	O TO O TO O A	32. REGISTRAR'S	SIGNATURE	3										

1. DECEDENT'S NAME (First, Middle, Last)

B.K.S

1 - FOR STATE REGISTRAR

ITEMS: 23 PART I, 27, PER MEO FILM G-716 10/21/94 t.t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		PHILLIP	RAYMOND	E	BARRE'	TT			SEP		AY .	YEAR 94	12:30 P			
		4. SOCIAL SECURITY NUMBER	1	8. AGE (In yrs. I		IF UNDER 1	YEAR IF UNI	DER 24 HRS.	7. DATE Of	BIRTH Day, Year)		8. BIRTH	PLACE (State or Foreign			
Pin		214-76-4189	1XXM 2 □ F	35	YRS.				June	5, 195	59		7land			
3 should	ω (9a. FACILITY NAME (If not institution, given 533 BALTIMORE		CTON	TAINI		TMINS		EATH		9c. COUN	TY OF O				
2	DIRECTOR	RESIDENCE OF DECEDENT	PTAD. BC)510N	TIMIN	MES	TMTNP	IER			CAR	KOLI	J			
ages	W	10a. STATE 10b. COUR			10c. CITY	Y, TOWN OR	LOCATION						10d. INSIDE CITY LIMITS?			
mit. P		Maryland Ca	rroll Cour	nty		West	minst						1 TYES 2T NO			
ait per	A A	533 Baltimore	Rouleward				101. ZIP C						HAT COUNTRY?			
020 physician. burlal-transit permit. Pages 1,	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	ARMED	13. W	AS DECENDEN	L157	NIC OBIGINS	(Specify Ver		S.A.	— American Indian,			
phys burit		1 Never Married 2 Married 3 Widowed 4 Olvorced	FORCES? 1)		NO	lf ·	yes, specify Cu	ıban, Maxica	in, Puerto Ric		07 110	Black Specif	, White, etc.			
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-tran	D BY											оросп	White			
2121 Il or atte for use a	TED	15. OECEDENT'S Ed (Specify only highest gra	de completed)	- 1	Give kind of wife. Do NOT us	vork done du	CUPATION ring most of wo	rking	16b. K	INO OF BU	SINESS/INO	USTRY				
D 21 spital o	once. COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)							mane	nonta	+ i on				
AND he hospit detached	OMCe.	17. FATHER'S NAME (First, Middle, Last)			Truck	DEIV		OTHER'S NA	ME (First, Mic		porta	LION				
YL by th	111 m	Raymond Bar	rett					Haze]			,					
MARYLAND retained by the hospit 5 should be detached	TO BE	19a. INFORMANT'S NAME (Type/Print)			9b. MAILING	ADDRESS (Street and Num		_		n, State, Zip	Code)				
ay be re	De no	Mr. Bradley Bar	rett		22 Wa	lden	Mill V	Vay Ca	atons	ille	, MD	2122	.8			
ORE 5 may tor, pa	must	20a METHOD OF DISPOSITION 1 Burtal 2 Cremation 3 Re	moval from Stata	compton, c	E AND DATE C	hor plann!			OATE		CATION (
Jage (E	4 Donation 5 Other (Specify)	LICENSEE	Garr	lson	Fores	T VA C	Cemete	ery 10	5/9	4 Owi	ngs	Mills, MD			
BALTIMORE, I after death. Page 6 may be to the funeral director, page moval.		. Brian	HAIGHT FUNERAL HOME (P.O. Box 195) Sykesyille, MD 21784 (410)-795-1400													
B B after it by the or removal	medicai	23. PART I. Entar the diseases, or shock or heart fellow	r complications that	caused the	death. Do n	ot antar ti	na moda of	dying, suc	h as cardia	c or respi	ratory arre	= / 9 5	Approximata			
ely fille	event, the me	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF):														
Sector and and bur	ry, or other traumatic ev	Sequantially list conditions, if any, laading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
BOX ficate be e physician ne prior to	. 1 0	cause. Entar UNDERLYING CAUSE (Disease or injury	c													
.O. B(certificate ding physi	TIF!	that initiated evanta resulting in death) LAST	OUE TO (DR AS A CONS	EOUENCE OF	7):										
DS, P the death the attend	CER OF		d													
m - 5 =	/ Injury,	PART II. Other significant condition	ona contributing to c	laath but not	rasulting is	n tha und	eriying caua	a givan in	Part I. 2	4a, WAS AN PERFOR		24b.	WERE AUTOPSY FINDING			
w requires that been signed by	9 9								— l	YES 2	□ NO		COMPLETION OF CAUSE OF OEATH?			
0 6 6 0		DID TOPACCO LISE COM	TDIDLITE TO CAL	ICE OF DE	ATIL VE	C 1737N	0 [1650-11	'	,			1 TYES 2 NO			
AL F ne law has by Dept.	ල Z	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL	T CAU		ATH TE			ICERIAI	<u>и П Т</u>							
F VITAL SICIAN: The law certificate has to the State Dept	PHYSICIA	EXAMINER? XIX YES 2 \(\square\) NO	HOSPITAL:			OTHER:	g Home 5 X	Xaldanca	8 C Other (Page (64)						
OF VI PHYSICIAN: this certifica with the St	oHY	27. MANNER OF DEATH	28a. DATE OF II (Month, Day	NJURY	28b. TIME	E OF 2	8c. INJURY AT WORK?				NJURY OCC	URED				
ONO DING PHY After this death with	marked BY PH	1 \(\sum \) Natural 5 \(\sum \) Pending 2 \(\sum \) Accident Investigation		,,		M	1 YES 2	□ NO								
VISI ATTEN ECTOR: s after	28 is TED	3 Suicide 8 Could not b determined	28s. PLACE OF building, e	INJURY At I tc. (Specify)	ome, farm, ø	treet, factor	y, office		28f. LOCAT City or	ON (Street a Town, State)	and Number	or Rural Ro	oute Number,			
DI NL OR L DIRI	됩니	29a. CERTIFIER (Check only	SICIAN: To the best of n	y knowledge, o	fasth occurre	d at the tim	e, data and pla	ice, and dua	to the cause	(a) and mar	iner aa state	ıd.				
HOSPITAL FUNERAL within 72 t	COMI		NER: On the besis of exa										and manner as stated.			
TO THE HOSPITAL TO THE FUNERAL be filed within 72	PORTA BE C	296 SIGNATURE AND TITLE OF CERTIF	1 20	MA			29c. L	ICENSE NUN	IBER				(Month, Day, Year)			
5 5 5	₹ 0	1 an	ruge	NU				.C.M	• E		POC'	T.1	1994			
		TLAPON CO	KE M	0F 0EATH (IT 1111	Penn	Str	eet,	Balt	imor	e, M	aryl	and	21201			

38 REGISTRAR'S GNATURE

94 28947

YEAR

3. TIME OF DEATH

Approximata interval Between **Onaat and Daath**

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?

12:30 P M

REG. NO.

2. DATE OF OEATH MONTH

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-716 10/11/94 t.t Item 1, 9-716, 10-4-94, per F.H., dr

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF				MENTA	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)		32111111	IOAIL	01 0		2. DATE	OF DEATH	:- <u>-</u>		. TIME OF DEATH
-DEBRA Deborah Dian	e		CO	STA		SEP	TH DAY	5 9	YEAR	1:42 P.M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1		UNDER 24 HRS.	7. DATE	OF BIRTH			ACE (State or Foreign
212-72-8056	1 □ M 2 🂢 F	37 YRS.	MONTHS	DAYS HO	OURS MIN.	Nov	. 6,195	6	Mary	land
9a. FACILITY NAME (If not institution, give stre	eet and number)		9b. CITY,	TOWN OR L	OCATION OF O			9c. COUNT	Y OF DEA	TN
313 S.CONKLING ST	REET		BAL	TIMOR	E CITY					
10a. STATE 10b. COUNTY		10c. CIT	Y TOWN OF	LOCATION						0d. INSIDE CITY
Maryland			.,							LIMITS? YES 2 NO
10e. STREET AND NUMBER				10f. ZIP	CODE			10a. CITIZE		AT COUNTRY?
313 S. Conkling	St.				21224				.A.	
								or No — 1	4. RACE -	- American Indian, White, atc.
1 Never Merried 2 Married							Rican, etc.)		Specify:	
										White
(Specify only highest grade of	ompleted)	(Give kind of	work done du	CUPATION uring most of	working	160	b. KIND OF BUS	NESS/INDU	STRY	
		100		r				Own	Homo	
17. FATHER'S NAME (First, Middle, Last)	21/ 22	Trome	marcı		MOTNER'S NA	ME (First	Middle Meiden		Home	
Albert Boram				"				arrianie)		
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street and N	Number or Rural I	Route Num	ber, City or Town,	Stete, Zip C	ode)	
Dawn D. Ament	(sister)									
20a, METHOD OF DISPOSITION	20	b.PLACE AND DATE	OF DISPOSIT	TION (Name o	of	DAT	E 20c, LOC	ATION CI	ty or Town	, State
4 Donation 5 Other (Specify)	Ce	metery, crametory or d Gardens o	of Fai	ith C	emetery	7 9/2	29 Bal	timor	e, M	aryland
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	11.0	22. N	AME AND A	DDRESS OF FA	CILITY				
1 that sold	Honor	OUT								1236
23. PART I. Enter the diseeses, Dico	emplications that cause	d the death. Do	nDt enter t	he mode	of dylng, suc	h es cer	dlec pr reepin	etory arres	it.	Approximate
shock, or heart fellure/ LI IMMEDIATE CAUSE (Finel	ist Dnly One ceuse on	each life.						-		Intervel Between Onset end Death
disease or condition resulting in deeth)	NARCOTIC IN	TOXICATION								
resulting in deeting . e.			F):							1
Sequentially list conditions b.										
If any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):							
CAUSE (Diseese or Injury C.	DUE TO (OD AC	A COMPECUENCE O	-							-
thet initieted events resulting in deeth) LAST	DOE TO (OR AS	A CONSCOUENCE U	r):							i
d.										İ
PART II. Other significant conditions	contributing to deeth	but not reculting	In the und	lerlying ce	use given in	Part I.	24a. WAS AN A			PERE AUTOPSY FINDINGS
							1 YES 2		C	DMPLETION OF CAUSE F DEATH?
							\wedge			YES 2 NO
DID TOBACCO USE CONTRI	BUTE TO CAUSE (OF DEATH YE	S 🗆 N	10 🗆 I	UNCERTAIN	N 🗆				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE DF DEA								
1 X YES 2 NO	1 Inpetient 2 ER/Out	petiant 3 DOA	4 🗆 Nursir	ng Nome 5		6 🗆 Othe	er (Specify)			
27. MANNER OF DEATN 1 Netural 5 Pending	(Month, Day, Yeer)	FOUND	URY	WORK?	1111			JURY OCCU	RED	
2 Accident Investigation	Baltimore Baltimore									
	building, etc. (Spe	ecify)		ry, offica		City	or Town, State)	313 S.	CONKL	ING ST.
29a. CERTIFIER						BALT	MORE, MA	RYLAND		
(Check only 1 CERTIFYING PHYSICI										nd manner se stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	1/									fonth, Day, Year)
Theol. 1	1 Kuc	ini	\							
36. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Non	Prints		U.C.M	· Pia		SE	PLI 2	27,1994
THEODORE MIK	1116	111 Pe	enn S	treet	, Balt	imor	e, Mary	land	2120)1
31. DATE FILED THE PROPERTY TO A YOUR 1994	32. REGISTRARY SIGN	VATURE 1	4			-				

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-trans IMPORTANT: If Item 28 is marked as items as the bunal Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR After be filed within 72 hours, after death

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	50	
	after death.	
1	after	
	hours	
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1	within 24 hours	
	artificate be executed	
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I was required that the event control to the executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	Description of the internation physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	uniformity and written Private prior to burial, cremation, or removal.	23 stows any injury, or other traumatic event, the medical examiner must be notified at once.	
£	cate !	Z.	ша	-
HYSELIA	his cert	ACT IN	ued, or	-
DING PHYS	After 18	death with	a mark	l
AL OR ATTENDIN	SECTOR:	es after dea	m 28 i	l
TAL OR	RAL DIS	72 hou	II iter	l
THE HOSPITAL	HE FUNERAL DIRECTOR: After this o	be filed within 72 hours aft	MPORTANT: If item 28 is marked,	
10	THI OL	be file	IMPO	

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYLA						
1. DECEDENT'S NAME (First, Middle, Last)	DITNC C	ALLANDE	D D		2. DATE OF DEATH	1004 ^{YE}	3. TIME OF DEATH
				IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
100 10 2002	/3	YRS.		HOURS MIN.	03- 08 19	915 M	INNESOTA
518 KENT ROAD	et end number)	96				9c. COUNTY A N N	E ARUNDEL
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			10d, INSIDE CITY
	NNE ARUND	EL GL	EN BU	IRNIE			LIMITS? 1 YES 2 X NO
518 KENT ROAD			100				
11. MARITAL STATUS 1 Never Merried 2 N Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuben, Mexices	n, Puerto Rican, etc.)	s or No — 14.	RACE — American Indian, Black, White, etc. Spec/ly: WHITE
15. DECEDENT'S EDUCA (Specify only highest grade or	TION ompleted)	(Give kind of work	done during mo	ON st of working	16b. KIND OF BUS	SINESS/INDUST	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+) N/A				U.S. A	RMY E	FIELD BAND
17. FATHER'S NAME (First, Middle, Last) ALEXANDER	CALI	ANDER				Surname)	GALE
190. INFORMANT'S NAME (Type/Print) CATHERINE I.	CERTIFICATE OF DEATH TO MARK (FIVE, Months, Last) LARD STERLING CALLANDER SEX A. ALEAR (FIVE, No in terrorish) SEX A. ALEAR (FIVE, No in terrorish) THANKE (FIVE, MONTHS) SEX A. ALEAR (FIVE, No in terrorish) SEX A. ALEAR (FIVE, No in terrorish) SEX A. ALEAR (FIVE, No in terrorish) SEX OF DEATH THANKE (FIVE AND INC.) SEX OF DEATH THANKE (FIVE AND INC.) SEX OF DEATH SEX OF						
4 Donellon 5 Other (Specify)	al from State ceme		ANS C	EMETER	Y CI	ROWNS	VILLE, MD.
21. SIGNATURE OF FUNERAL SERVICE LIGHT	atte		1 SE GLEN	OND AVERAGE OF FACTOR OF F	ENUE, S. MARYLA	TON F ND 21	UNERAL HOME .061
shock, or heart failure. LI IMMEDIATE CAUSE (Final	at only ona cause on aa	ch lina.			1.0	ratory airest	Interval Batween
if any, laading to immediata cause. Entar UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):	leart	Diseas	JUN AP	ch'	
PART II. Other significant conditions Subderally	contributing to death bu	it not reaulting in the	ne undarlyln	g cauaa givan in i	PERFOR	MED!	AVAILABLE PRIOR TO COMPLETION OF CAUSE
DID TOBACCO USE CONTRI				UNCERTAIN	1 🗆		
EXAMINER?	HOSPITAL:	O	THER:	S M Besidence	8 (Cher (Specify)		
27. MANNER OF DEATH 1Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ WO	URY AT RK?	28d. DESCRIBE HOW II		ED
3 Suicide 8 Could not be	building, etc. (Special	At home, ferm, atree			28f. LOCATION (Street a City or Town, State)	and Number or F	
	AN: To the beat of my knowle	edge, death occurred at			to the cause(e) end men	nner as atated.	
296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM		29d. DATE SI	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	it)		DAGABES		/_ /
DR. BARRY I. E			HIE H	IGHWAY,	PASADEI	VA, MI	D. CIICC
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE					

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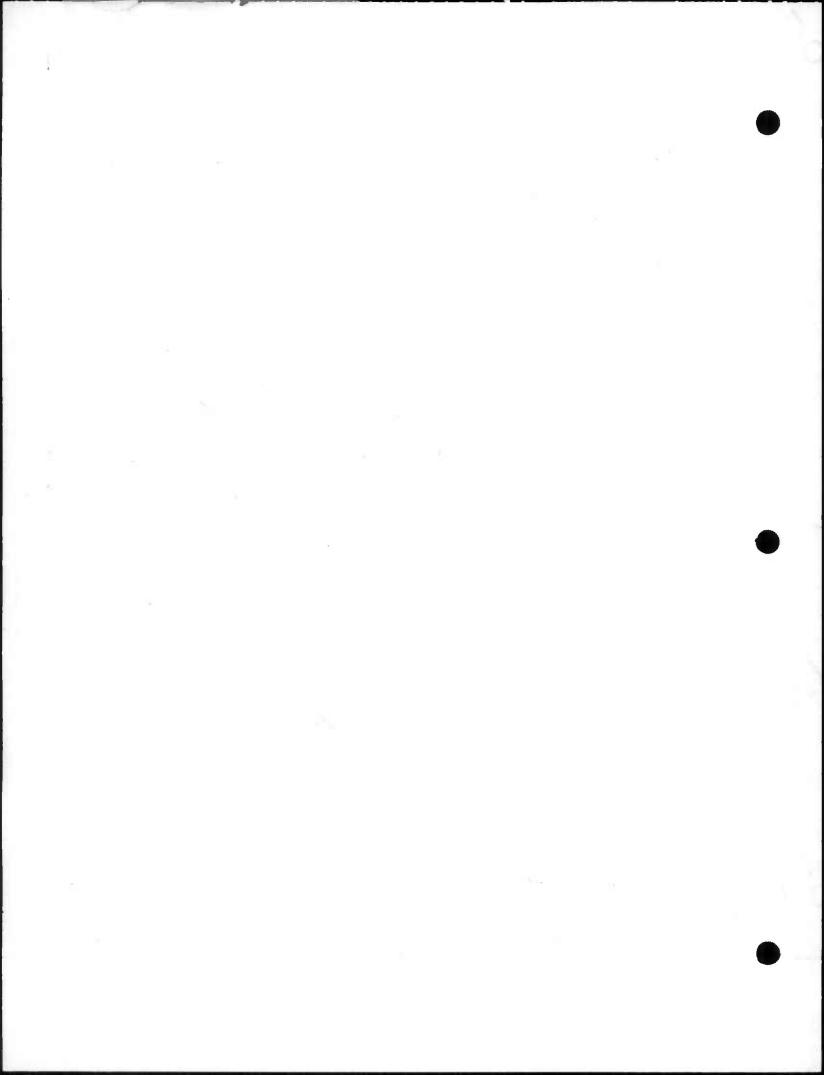
4 1	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF	DEATH			3. TIME OF DE	
	Pearle						CU	RTIS		SEPT	3	ď		3:45	
					n yrs. last birt				-	7. DATE OF	BIRTH				
	220 20 3	532	1 🗆 M 2 👾 F	66	h	YRS.	NTHS DAYS	HOURS	MIN.			3			
_	Pearle 4. SOOAL SECURITY NUMBER 4. SOOAL SECURITY NUMBER 5. SEX SEX SEX SEX SEX SEX SEX SEX SEX SEX	100													
힏			OAD	D RANDALLSTOWN							BALTIMO				
5			Y	CURTIS CURTIS SEX A AGE (In yrs. last burnday) SEX A AGE (In yrs. last burnday) BR. CURT SURVEY STARS BR. CURT STARS BR. CURT SURVEY STARS BR. CURT STARS BR.											
	Md.		Balto.			Ranc	dalls	town	l						
몵		h Dá	1									_		IAT COUNTRY?	
<u> </u>		ру ко		IT EVED IN	110 10150						1				
		Married	FORCES? 1	YES	2 -NO	,	If yes,	specify Cub	an, Mexica	n, Puerto Rice		or No-	Black,	White, etc.	
	3 Widowed 4X Divorced						''''	ES 2 XMC	Specin	/:					
	15. DEC	EDENT'S EDU highest grade	CATION completed)		(Give ki	ind of work	done durina		ting	18b. K/I	ND OF BUS	SINESS/INDU	JSTRY		
ا تا	Elementary/Secondery (0						TT	c (COTT						
NO.	17. FATHER'S NAME (First, MI	idelin Last)			Mal	ncei	lance	_	THER'S MA				·		
COMPLETED BY PHYSICING MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR				1											
	19a. INFORMANT'S NAME (7)	/pe/Print)			19b, M/	AILING AD	DRESS (Street						Code)		
F	Janice D	. Mck	Kethan		5	725	Nas	CO P	Г. В	altin	ore	, Md	. 21	.209	
	1 Burial 2 - Crematio	(Name of		1 . (.	20c. LO	CATION — C	ity or Tow	n, Stata							
			PENGEE	-			Fidg				B	alto.	Mo		
	James A. Morton - Sons														
\mathbf{H}	1701 Laurens St. Batto, Md. 21217														
ATION	disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of):														
CERTIFIC/	couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d. Due to (or as a consequence of): d.														
AL	PART II. Other significs	nt condition	s contributing to	desth but	t not resui	iting in t	he undsriy	ing cause	given in	Part f. 24	. WAS AN PERFOR	AUTOPSY MED?			
Ö														COMPLETION OF C	
¥	DID TOPACCO III	CE CONITI	DIRLITE TO CA	LICE OF	DEATH	VEC			GED = 4 14			•	1 '	YES 2	
Ž	25. WAS CASE REFERRED TO		KIBUTE TO CA						CERIAIF	<u>и П Г</u>					
Sic						0	THER:		lesidence	& El Other (St	accity) A	T SC	ENE		
F			28a. DATE OF	INJURY		b. TIME O	F 28c, I	NJURY AT							
			930	94		3391	M 1	YES 2	NO	DEIVEN	LOP	peu	CID	DW WITH	
		Could not be	28a. PLACE O building,	F INJURY - atc. (Specif)	At home,	form, stree	et, factory, of	fice		28f. LOCATIO	N (Street a	nd Number o	or Rural Ro	ute Number,	
<u></u> ∥			Re	040											
MPL			CIAN: To the best of												
5 II	- 1		R: On the basis of a	xamination	and/or Inves	atigation, li	n my opinion	, death occu	ared at the	time, date end	place, en	d due to tha	cause(a) a	and manner ea	
ŭ	29b. AGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month														
O BE COMPLETED BY PHYSICIAM TO BE COMPLETED BY FUNERAL	296. WHO THE		10 Mh. 18						C.M.		1	POC'		Month, Day, Year 1994	

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 54 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEATH	REG. N	0.		
1. DECEDENT'S NAME (First, Middle, Last				·		2. OATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
BERNARD	L.	CARL					2	94	4:45 A.
4. SOCIAL SECURITY NUMBER 215–07–8277	5. SEX	6. AGE (In yrs. lest 88	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 06-26-0	6	Count	HPLACE (State or Foreign try) RYLAND
9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN C	R LOCATION OF D			UNTY OF E	
MERIDIAN NURSING RESIDENCE OF DECEDENT 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE	MERIDIAN NURSING HOME CATONSVILLE BALTIMORE								
100. STATE 10b. COUNTY MARYLAND			10c. CIT	Y, TOWN OR LOCAT					10d. INSIDE CITY LIMITS?
	WARD			ELLICOT			,		1 TYES 2XXNO
Too. STREET AND NUMBER 3370 N. CHATHAM 11. MARITAL STATUS 1 Never Merried 2.47 Married	ROAD AF	т. н		101	21042		10g. CITIZEN OF WNAT COUNT		
3 Widowed 4 Divorced	1 Never Merried 2 Merried FORCES? 1 YES 2 Y				MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yee, specify Cuben, Maxicen, Puerto Rican, atc.) 1. VES 245 NO. Specific			E — American Indian, k, White, etc.	
15. DECEOENT'S ED	UCATION le completed)	16a. DEC	EDENT'S	USUAL OCCUPATION	ON st of working	16b. KIND OF E	USINESS/IN	DUSTRY	
Specify only highest grac Elementary/Secondary (0-12) 1. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+) life.	Do NOT u	se retired.)	•	BETHLE	MEM	STEE	τ,
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Meid			
EMIL G. CARL						. LANE	,		
O 190, INFORMANT'S NAME (Type/Print)	45					Route Number, City or T			
MANGARET A. CARL	(WIFE)					ELLICOTT			
20e. METHOO OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rec	noval from State	cemetery, crem	netory or o				OCATION -		
4 Donation 5 Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE L	ICENSEE	CRESTU	AWN	CEMETER 22. NAME AN	Y 10-05- ID ADDRESS OF FA		RIOII	SVIL	LE MARYLAN
Mussucce	De X	6					TZKE	FUNE	RAL HOMES
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events - Caltulo-Fullitionally Affect Due to (OR AS A CONSEQUENCE OF): Renal Failure Due to (OR AS A CONSEQUENCE OF): Transitional Cell Carcinoma of Urinary Bladder OUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other significent condition DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notice 5 People	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PRIDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO								
DID TOBACCO USE CON	TRIBUTE TO CA	USE OF DEAT	'H YE	S II NO D	UNCERTAIL	NO			1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Julya Tr.		TH (Check only one) OTHER:					
YES 27 NO 27. MANNER OF CEATH	1 Inpatient 2 I		DOA 28b. TIM	4 ☐ Nursing Hom		6 Other (Specify)	(IAI HURSY CA	OCUPED	
. My margins a Laudning	(Month, Da		IN.	URY WO	RK?	280. DEŞCRIBE HOV	INJUNT O	CORED	
	28e. PLACE Of building,	FINJURY — At hometc. (Specify)	ne, tarm, :	streat, factory, office	· · · · · · · · · · · · · · · · · · ·	28t. LOCATION (Stree City or Town, Sta		er or Rural i	Route Number,
3 Suicide 4 Homicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of ex								s) end menner se stated
299/ SIGNATURE IND TITLE OF CERTIFIE	N. B	. Vella			29c. LICENSE NUM D3046				(Month, Day, Year) 3-1994.
30. NAME AND ADDRESS OF PERSON W 9055, Chevrole					licott	City, M	D 21	042.	
31. DATE FILEO (Month, Day Year) 1994	32. BIGISTRAI	R'S SIGNATURE							



		273			215-4 9a. FACILITY NA
		1, 2, 3 shouk		GTOR TOR	610
		iit. Pages		DIRE	MARYL 10e. STREET AN
		nsit perm		ERAL	610
5-0020	nding physician	s the burial-tra		TO BE COMPLETED BY FUNERAL DIRECTOR	11, MARITAL STA 1 Never Marr X3X Widowed
121	or after	use as		TED	
ID 2	Spital	thed for	at.	APLE	Elementery/S
YLAN	by the h	be detac	at once	E CO	17. FATHER'S NA
MAR	retained	5 should	notified	TO B	19a. INFORMANT
BALTIMORE, MARYLAND 21215-0020	nours after death, Page 6 may be retained by the hospital or attending physician.	neral director, page	miner must be		20s METHOD OF ACT OF AC
BA	after de	y the fu	cal exa	\vdash	23. PART I. E
,09	d within lours a	impletely filled in bi	event, the medi-		iMMEDIATE C disease Dr CD resulting in d
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially in any, leading cause. Enter I CAUSE (Diseas that initiated resulting in defining in defi
ORDS	s that the d	ned by the	any injur	DICAL (PART II. Othe
REC	require	een sig of Hea	shows	ME	
AL	The law	e has b	m 23	NAK	DID TOBA 25. WAS CASE RI EXAMINER?
<u></u>	CIAN: 1	ertificat	or ite	YSIC	1 TYES 2
0	PHYSI	this c	rked,	HH /	XX Natural
NOIS	SNIDING	R: After er death	is mg	0 8	2 Accident
IVIS	JR ATT	NIRECTO Durs aft	em 28		4 Homicid
	PITAL (ERAL E	T H H	JMP	(Check only 4
	THE HOS	THE FUNERAL DIRECTOR: After this certified within 72 hours after death with the	PORTANT: If item 28 is marked, or	BE C(29b. SIGNATURE
	2	무용	Ξ	2	20 NAME AUG :

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			MENTAL	HYGIENI REG. NO.	Ε	
	1. DECEDENT'S NAME (First, Middle, Last)	VIRGINIA	E. COM	EAUX		2. DATE O	09-27	-94 ["]	3. TIME OF DEATH 10:00 A.M
	4. SOCIAL SECURITY NUMBER 215-42-0081	1 🗆 M 2 🗶 🗶		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		F BIRTH Day, Year) -18-9		BIRTHPLACE (State or Foreign Country) MARYLAND
ž I	9a. FACILITY NAME (If not institution, give s 610 HOLLEN RESIDENCE OF DECEDENT	ROAD	,		IMORE	CITY	Y	9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	Υ	10c. CITY,	TOWN OR LOCAT	IMORE	CITY	Y		10d. INSIDE CITY LIMITS? XX YES 2 NO
FUNERAL	100. STREET AND NUMBER 610 HOLLEN	ROAD		101	ZIP CODE 21212				J.S.A.
R	11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	s 2 X X 0	If yes, sp	ENDENT OF HISPAI polify Cuban, Maxica XXNO Specif	in, Puerto Ri		or No- 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLEIED	15. DECEDENT'S EOU (Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	k done durina mo	N st of working	16b. I	OWN	HON	
	17. FATHER'S NAME (First, Middle, Last) GEOR	RGE W. F	INCH		18. MOTHER'S NA			Surname) UNK -)	
2	19a. INFORMANT'S NAME (Type/Print) GUSTAVIOUS W.C	OMEAUX (S			ACK CAI		r, City or Town	State, Zip Co.	RIVER AZ.
	20 METHOD OF DISPOSITION XIX Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	0b. PLACE AND DATE OF emetery, cremetory or othe GETTYSBU	r place!		9+30	20c. LOC	ATION — City	or Town, State JRG, PA.
	21. SIGNATURE OF FUNERAL SERVICE OF	CENSEE		22, NAME AN	NRY W	JEN	KINS	&	SONS E,MD.21212
	23. PART I. Enter the diseases, or a shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ePwre	my capy	i Jain		1	ec or respir	atory errest	Approximete Intervel Between Onset end Death
NO INC	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING	· Anteni	S A CONSEQUENCE OF):	B .	na mi	8EH8	ŧ		
	CAUSE (Disease or injury that initiated events rasulting in deeth) LAST	DUE TO (OR AS	A CONSEDUENCE OF):						
MEDICAL C	PART ii. Other eignificent condition	s contributing to deeth	but not resulting in	the underlying	ceuse given in		PERFORI	WED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CAN	DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL		OF DEATH YES		UNCERTAIL	KK		_	
	EXAMINER? 1 VES 2XX10 27. MANNER OF DEATH	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/O	utpatient 3 DOA 4		5XXesidence				
	XX Natural 5 Pending Investigation	(Month, Day, Year) INJUR	Y WO	PES 2 NO	280. DESC	HIBE HOW IN	JURY OCCUR	ED
	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, streecify)	eet, tectory, office		281. LOCAT City or	TON (Street ar Town, State)	nd Number or F	Rural Route Number,
	29e. CERTIFIER XX CERTIFYING PHYSI one) 2 MEDICAL EXAMINE								suse(a) and manner ea stated.
200	29b. SIGNATURE AND TITLE OF CERTIFIE	le lucus	D MD		29c. LICENSE NUI			29d. DATE SI	GNED (Month, Day, Year) -27-94
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type, P	rint)					
	MARCIO M. MEN	ENDEZ M.D	.,7505 0	SLER D	RIVE, TO	OWSON	, MAR	YLAND), 21204

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TO THE MOSPITAL OR ATTENDING MYSCONN IN the vequires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After the case of the bear signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYI	AND / DEPARTING			MENTAI	HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		EAR 3	. TIME OF DEATI	н
			ONALD			OCTO		1.07		0325	Ам
i			MC	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH I, Day, Ybar)	1	Country)	LACE (State or For	reign
	329-28-2097 9a. FACILITY NAME (If not institution, give stree	1 M 2 F	60 YRS.	OUTY TOWN O			5-34		LLIN		
DIRECTOR	NORTH ARUNDEL HOSP			GLEN BU	RNIE	ATH		ANNE			
REC	10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	TON				1	0d. INSIDE CITY	
		ARUNDEL	MILL	ERSVILI	LE				1	☐ YES 2 📉	NO
FUNERAL	10a. STREET AND NUMBER				. ZIP CODE					AT COUNTRY?	
JNE	790 HELMWOOD COURT	2. WAS DECEDENT EVER	IN II S ARMED		21108 ENDENT OF HISPAN	UC ODICIN	2 (0	U.S.A		A	
	1 Never Married 2 X Married	FORCES? 1 VES	2 NO 1050	If yes, spi	ecify Cuban, Mexican 2 💢 NO Specify	n, Puerto f		or No — 14.	Black, \	 American India Whita, atc. 	n,
ВУ	3 Widowed 4 Divorced	17 7 20, 017 2 7971 017 2	1979	' 'Es	Z MO Specify	<i>.</i> .			Specify:	WHITE	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	TION mpleted)	16a. DECEDENT'S US (Give kind of work	done during mo-	ON st of working	16b.	KIND OF BUS	INESS/INDUST	TRY		
E		College (1-4 or 5+)	life. Do NOT use re	etired.)				W1.0			
Ä	12 4 17. FATHER'S NAME (First, Middle, Last)	YRS	CONSULTA	NT	18. MOTHER'S NAI		.W.L.				
	A THOUGH A CONTRACT OF THE PARTY OF THE PART	ONALD			ALICE	ME (FIFST, A	Alddie, Maiden :	WALSE	1		
BE (19a. INFORMANT'S NAME (Type/Print)	0.112.22	195. MAILING AD	ORESS (Street a	nd Number or Rural F	Route Numb	oer, City or Town				
2	MRS. DOREEN L. DON	NALD	790 HEL	MWOOD (COURT, M	ILLEI	RSVILL	E, MD	2110	08	
	20a, METHOD OF DISPOSITION 1	al Irom State	b. PLACE AND DATE OF D	DISPOSITION (Ne	me of	DATE	20c. LO	CATION — City	or Town	n. Stata	
	4 Donation 5 Other (Specify)	, A	RLINGTON N	ATIONA	L CEMETE	R YI 9	94 FT.	MYER,	VI	RGINIA	
	21. SIGNATURE OF FUNEMAL/SERVICE LICEN	//		22. NAME AN	ID ADDRESS OF FAC	CILITY S	INGLET	ON FUN	ERA]	L HOME,	PA.
	1 1 ja	les			OND AVE.					, MD 21	061
	23. PART I. Entar the diseases, or cor ehock, or heert fallure. Lie	nplicatione that cause	d the deeth. Do not sech line.	enter the mo-	de of dying, auci	h as card	liac or respin	ratory errest	,	Approxime	
	IMMEDIATE CAUSE (Finel disease or condition									Onset and	
	resulting in death)	PATICIAL DUE TO (OR AS	tic canc	QT						3mo8	C
_		DUE TO (OH AS	A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):							<u> </u>	
8	cause. Enter UNDERLYING CAUSE (Disease or Injury										
E	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):								
E	d.									-	
AL	PART II. Other aignificent conditions	contributing to death i	but not resulting in t	the underlying	g ceuse given in	Part I.	24a. WAS AN			ERE AUTOPSY FIN	
							1 YES 2		0	MAILABLE PRIOR TO COMPLETION OF CO OF DEATH?	
ME									10.7	☐ YES 2 XN	10
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIB	BUTE TO CAUSE C			UNCERTAIN	1 🔲					
000		HOSPITAL:		THER:				_	_		
HYS	1 VES 2 NO 1	Inpatient 2 ER/Out	28b. TIME O		e 5 🗆 Rasidence		(Specify)	LILIEN OCCUP	ED		-
	1 Natural 5 Pending	(Month, Day, Year)	INJUR		RK?	200. 020	OHIDE HOW II		LU		
D BY	2 Accident Investigation 3 Suicida 8 Could not be	28e, PLACE OF INJUR's building, atc. (Spe	Y — At home, larm, atre-	et, factory, office			ATION (Street a	nd Number or F	Rural Rou	ite Number,	\neg
	4 Homicide determined	ounding, arc. (Spe	ne.ny)			City	or Town, State)				
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	IN: To the best of my know	viedge, death occurred a	nt the time, date	and place, and due	lo lhe cau	se(s) and man	ner as staled.			
∑	one) 2 MEDICAL EXAMINER:	On the beals of exemination	on and/or investigation, i	in my opinion, d	eath occured at the	time, data	and placa, and	d dua to the ca	use(a) a	nd manner as at	sted.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		\		29c. LICENSE NUM	BER V	DI	29d. DATE SI	GNED (N	fonth, Day, Year)	\vdash
10 B	mylamco	24)		D 30	980	1	DC OC	10	3 1994	1
	30. HAME AND ADDRESS OF PERSON WHO C	1									
	Myla M Carper	32. REGISTRAR'S SIGN	U3R An	napol	is Rd	Ode	orthor	M	5 2	71113	
	UCT 0 4 1994 4		NATURE								

ACOUNT THE

		in Pages 1, 3 should	
	L	Page.)
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	Thours	uneral director, page 5 should be detached for use as the burial-transit per	U WITHIN 12 HOURS ATRE DEBUT WHITHE STATE DEPT. OF TEGETH AND PREMIED PROFILE DEPT. OF DEPT. OF THE PROFILE DEPT.

,	STATE OF	MARYLAND / DEPARTMENT		MENTAL HYGIENE
		CERTIFICATI	OF DEATH	REG. NO.

		FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTMENT OF CERTIFICATE OF		MENTAL HYGIE! REG. NO		
		1. DECEDENT'S NAME (First, Middle, Last)	IS Sr.			2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 186-16-1235		yrs. last birthday) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH NOV 28,	1924 N	(IRTHPLACE (State or Foreign COUNTRY) CAROLINA
3 should	~	9a. FACILITY NAME (If not institution, give s		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
	DIRECTOR	RESIDENCE OF DECEDENT				CITY	<u></u>	n/a
(E)	T I	MARYLAND 106. COUNTY	n/a	10c. CITY, TOWN OR LOCA BAL	TIMORE			10d. INSIDE CITY V LIMITS? 1 YES 2 NO
n. Insit peru	FUNERAL	100. STREET AND NUMBER 4821 MIDWOO	D AVENUE	10	21212		UNITE	OF WHAT COUNTRY?
.AND 21215-0020 the hospital or attending physician. detached for use as the burial-transit once.	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT, EYER IN U FORCES? 1 (X) YES IF YES, GIVE WAR OR DATE		CENDENT OF HISPAN pecify Cuban, Mexica S 2 YNO Specify		14.	RACE — American Indian, Black, Whita, atc. SpecifyBLACK
D 21215 spital or attend hed for use as	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 10 completed) 10 College (1-4 or 5+)	6e. DECEDENT'S USUAL OCCUPAT. (Give kind of work done during mite. Do NOT use retired.) LABORER	ON ost of working	US POST		RVICE
# 8 & Z	E COM	17. FATHER'S NAME (First, Middle, Last) HERBERT PAG	E		16. MOTHER'S NA	ME (First, Middle, Maider IR PAGE	n Surname)	
MAR retained 5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print) BLANCHE AN	DERSON	19b. MAILING ADDRESS (Street 4821 MIDWOO				
- 9 0		20a. METHOD OF DISPOSITION ↑ A Buriel 2 ☐ Cremetion 3 ☐ Ram	20b. Pt	LACE AND DATE OF DISPOSITION (A	ame of	DATE 20c. L	OCATION — City	or Town, Stata
ALTIMORE, death. Page 6 may be e funeral director, pag il. examiner must be		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL BUT ICE LIC		22. NAME A	ND ADDRESS OF FA	CILITY		MILLS, MD
		Junes	te K. A	I rus		FH1101		
Within nours after piperely filled in by the cremation, or removal rent, the medical		23. PART I. Enter the diseases, or enock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Emplications that caused the List only one cause on each act. SEPSIS	he deeth. Do not enter the mine.	ode of dying, such	h ae cerdiac or reep	piratory arrest	Approximata interval Between Onset and Death
P.O. BOX 687(th certificate be executed ending physician and con Hygiene prior to burial, or other traumatic er	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):				
ORDS that the c ed by the th and Me any injul	DICAL	PART II. Other eignificant condition	s contributing to death but	not resulting in the underlying	ig cause givan in	Part i. 24s. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
St. of St.	ME	DID TOBACCO USE	CONTRIBUTE TO C	AUSE OF DEATH	YES NO			1 - YES 2 200
e as a file	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHER:	LACE OF DEATH (Che			
O 등 등 등 등		27. MANNER OF DEATH Mitural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. IN INJURY	JURY AT ORK? YES 2 ND	28d. DESCRIBE HOW	INJURY OCCUR	ED
ISIC TTENDI TOR: A after d	TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF MJURY — building, etc. (Specify)	At home, ferm, street, factory, offi-		281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
DIVISI HOSPITAL OR ATTEN FUNERAL DIRECTOR: within 72 hours after TANT: If Item 28 is	COMPLETE			ige, death occurred at the time, dat				suse(a) end manner as stated,
TO THE HOSPITAL TO THE FUNERAL I Be filed within 72 P	8	296-APPORTURE AND TITLE OF CHIPTENES	- M)		29c. LICENSE NUN	MER	29d. DATE S	IGNED (Month, Day, Year)
0	٥ ا	36, HAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, Print)	7			
		31. DATE FILED MONTON 164 199	32 ARGISTRAR'S SIGNATU	Radall				

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DIVISION OF VITAL RECORDS, P.

IU THE HUSHIAL DHAILRUING PRISIONNE THE WAY REQUIRES that the leaan certificate be executed within 25% of the Charles of the hospital or attending physician. TO THE FURERL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Texia V.	Ever	sole		Sept. 27	1994	7:45 p.m.m
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE ('in yrs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign
	220-07-6697	1 M 2 XXF	80 YRS. MOI	NTHS DAYS HOURS MIN.	(Month, Day, Year)	914 Wes	t Virginia
	9a. FACILITY NAME (If not institution, give stre	set and number)		CITY, TOWN OR LOCATION OF E		9c. COUNTY OF	
S.	Moran Manor Nurs	sing Home		Westernport		Alleg	anv
5							, arry
뿔				OWN OR LOCATION			10d. INSIDE CITY LIMITS?
0		legany	Mc	Coole			1 TYES 2 NO
RAI	10e. STREET AND NUMBER			101, ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	Maryland Avenue			21562		USA	
FU	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Maxic	ANIC ORIGIN? (Specify Years, Puerto Rican, etc.)	or No- 14. RAC Bled	E — American Indian, ck, White, atc.
ВУ	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 TYES 2 NO Spec		Spec	White
	15. DECEDENT'S EDUCA	ATION	16a. DECEDENT'S USU	IAL OCCUPATION	16b. KIND OF BUS	THESE INDUSTRY	wiite
E	(Specify only highest grade of Elementary/Secondary (0-12)	completed)	(Give kind of work life. Do NOT use rec	done during most of working fired.)	IOD. KIND OF BOS	BINESS/INDUSTRY	
P	5	College (1-4 or 5+)	Homema	kor	0	11 a	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		пошеша		AME (First, Middle, Maiden	Home	
	William Davis				B. Ketterma	*	
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street and Number or Rura			
5	Virginia C. Davis	5		Box 273 Ridg			
	20a. METHOD OF DISPOSITION XXBurial 2 Cremation 3 Remov		PLACE AND DATE OF D	ISPOSITION (Name of	OATE 20c. LO		own, State
	4 Donation 5 Other (Specify)		etery, cremetory or other parties.	terv (9/80/94 Ra	wlinge	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		tery 9			naryranu
	· Brian &	Smult		Rotruck-Smith			
	23. PART I. Enter the diseases, or co		the deeth. Do not	85 S. Main St	reet Kevs	er. WV	26726 Approximete
	ehock, or heert fallure. Li	ist only one ceuse on ea	sch line.	one we mode or dying, so	on as coldine of leapi	atory errest,	Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	130	RT. D	1164			Onset and Death
	resulting in death) e.	DUE TO (OR AS A	CONSEQUENCE OF):	22/ Jours			
z		0	man	Joseph Strain	23cm		İ
임	Sequentially list conditions, if eny, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	101111	, ,		
2	CAUSE (Disease or Injury						
는 l	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):				
CERTIFICATION	d.						
0 1							
	PART II. Other eigniticent conditions	contributing to death be	ut not resulting in th	ne underlying ceuee given in	Part I. 24a. WAS AN		D. WERE AUTOPSY FINDINGS
A	PART II. Other eigniticent conditions	contributing to death be	ut not resulting in the		PERFOR	MED?	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
A	PART II. Other eigniticent conditions	contributing to death be	ut not resulting in the	ne underlying ceuee given in	1 Part I. 24a. WAS AN PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
A	PART II. Other eigniticent conditions	contributing to death be	ut not resulting in the		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
A	25. WAS CASE REFERREO TO MEDICAL	contributing to death be	ut not resulting in the	7 Prosent	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
A	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Nossitus	Olum	28. PLACE OF DEATH (C	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
A	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatiant 2 ER/Outp	etient 3 DOA 4 0	28. PLACE OF DEATH (CITHER: Nursing Home 5 - Residence	PERFOR	MED? ∰NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL:	etient 3 DOA 40	28. PLACE OF DEATH (C) THER: Nursing Home 5 Residence	PERFOR 1 YES 2 heck only one) 8 Other (Specify)	MED? ∰NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inpettant 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	etient 3 DOA 4 0 28b. TIME OF INJURY — At home, farm, street	28. PLACE OF DEATH (C THER: (Nursing Home 5 Rasidence 28c. INJURY AT WORK? M 1 YES 2 NO	PERFOR 1 YES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN 281. LOCATION (Street a	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 Inpetlant 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year)	etient 3 DOA 4 0 28b. TIME OF INJURY — At home, farm, street	28. PLACE OF DEATH (C THER: (Nursing Home 5 Rasidence 28c. INJURY AT WORK? M 1 YES 2 NO	PERFOR 1 YES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	HOSPITAL: 1 Inpettant 2 ER/Output 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, etc. (Speci	etient 3 DOA 4 0 28b. TIME OF INJURY — At home, farm, street	28. PLACE OF DEATH (C) [HER: [Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO R, factory, office	PERFOR 1 YES 2 beck only one) 8 Other (Specify) 28d. DESCRIBE HOW IR City or Town, State)	MED? X NO NJURY OCCURED and Number or Rurel	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only)	HOSPITAL: 1 Inputant 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (SpecialAn): To the best of my knowle	etient 3 DOA 4 0 28b. TIME OF INJURY — At home, farm, street	28. PLACE OF DEATH (C THER: { Nursing Home 5 Residence	PERFOR 1 YES 2 beck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street a City or Town, State)	MED? NJURY OCCURED and Number or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only)	HOSPITAL: 1 Inputant 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (SpecialAn): To the best of my knowle	etient 3 DOA 4 0 28b. TIME OF INJURY — At home, farm, street	28. PLACE OF DEATH (C THER: Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO t, factory, office the time, data and place, and du my opinion, death occured at the	PERFOR 1 YES 2 Neck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street a City or Town, State) e to the cause(s) and men e time, data and placa, and	MED? NJURY OCCURED and Number or Rurel ner as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 \(\) NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	HOSPITAL: 1 Inputant 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (SpecialAn): To the best of my knowle	etient 3 DOA 4 0 28b. TIME OF INJURY — At home, farm, street	28. PLACE OF DEATH (CONTINUED IN THE RESTRICT OF THE RESTRICT	PERFOR 1 YES 2 Neck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street a City or Town, State) e to the cause(s) and men a time, data and placa, and	MED? AJURY OCCURED and Number or Rural per as stated. d due to the cause(29d. DATE SIGNED	AWALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number, and manner as stated.
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 \(\) NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	HOSPITAL: 1 Inpettant 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Section of the basis of axaminetion	attent 3 DOA 4 0 INJURY 28b. TIME OF INJURY — At home, farm, street strip) edge, death occurred at a and/or investigation, in	28. PLACE OF DEATH (CONTINUED IN THE RESTRICT OF THE RESTRICT	PERFOR 1 YES 2 Neck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street a City or Town, State) e to the cause(s) and men a time, data and placa, and	MED? AJURY OCCURED and Number or Rural per as stated. d due to the cause(29d. DATE SIGNED	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE—AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	HOSPITAL: 1 Inpatiant 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special S	atient 3 DOA 4 Q 28b. TIME OF INJURY At home, farm, street in and/or investigation, in	28. PLACE OF DEATH (C) THER: (Nursing Home 5 Residence TOWNER	PERFOR 1 YES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE HOW IP 28f. LOCATION (Street a City or Town, State) a to the cause(s) and men a time, data and placa, and	MED? AJURY OCCURED and Number or Rural per as stated. d due to the cause(29d. DATE SIGNED	AWALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number, and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatiant 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special S	etient 3 DOA 4 Q 28b. TIME OF INJURY 28b. TIME OF INJURY At home, farm, street ity) and/or investigation, in Plaza FATURE	28. PLACE OF DEATH (CINER: Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO No point No point Nursing Home 5 Residence Nursing Home 5 Residen	PERFOR 1 YES 2 Neck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street a City or Town, State) e to the cause(s) and men a time, data and placa, and	MED? AJURY OCCURED and Number or Rural per as stated. d due to the cause(29d. DATE SIGNED	AWALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number, and manner as stated.

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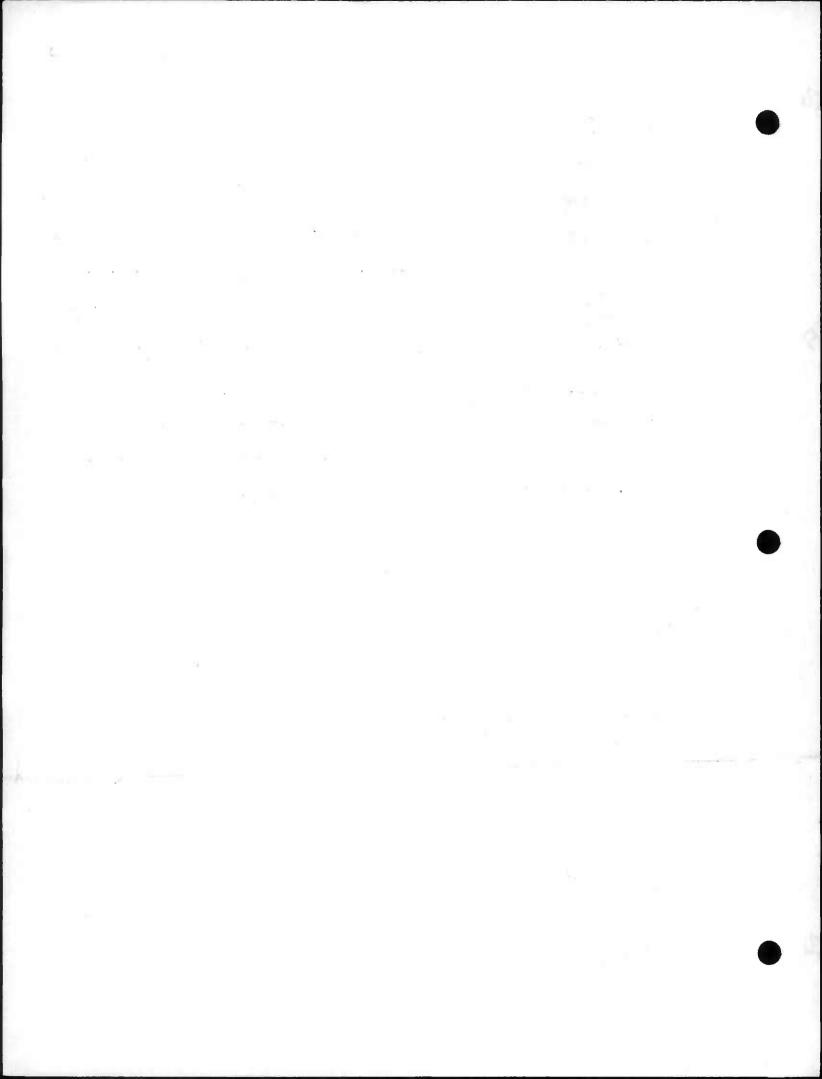
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL

BALLIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	NECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be the funeral form of Health and Mental Hydiene prior to bunal, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VILAL RECORDS, P.O. BOX 68/60	SPIRL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within - rouns after death. Page 6 may be retained by the hospital or attending physician.	THE DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 12 hours after death with the State Debt, of Health and Mental Hyolene prior to burial, cremation, or removal.	NE if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)		errar				2. DATE OF D			3. TIME OF OEATH
	Vicholas	MONTH DAY YEAR 4:10 PM								
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.					7. DATE OF BIRTH 8. BIRTHPLA			IPLACE (State or Foreign
	214 03 1993	1 M 2 F		RS. MONTH		HOURS MIN.	(Month, Day	(, Year)	Count	γ)
	9a. FACILITY NAME (If not institution, give s			5711		OR LOCATION OF DE	10/01			Colorado
œ			1 " 1						COUNTY OF D	
0	Howard County	General 1	Hospita		010m	ibia. M	D ZIL	45 F	toma	ra
<u>ස</u>	10a. STATE 10b. COUNTY		100	c. CITY, TOW	N OR LOCAL	ION				10d. INSIDE CITY
프										LIMITS?
31	10e, STREET AND NUMBER	timore	County	Ca	atons					1 YES 2 NO
A.			1		101	ZIP CODE	0	10g	. CITIZEN OF V	VHAT COUNTRY?
FUNERAL DIRECTOR	4420 Frederic		-Balto			2166	۵		U. S.	Α.
5	11. MARITAL STATUS	12. WAS DECEOENT I	EVER IN U.S. ARMED		If yes an	ENOENT OF HISPAN ecify Cuban, Mexican	IC ORIGIN? (Sp	ecify Yea or No	14. RACI	E — American Indian, k, White, atc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAF				2 NO Specify				
										White-
	15. DECEDENT'S EOU (Specify only highest grade		(Give ki	ENT'S USUAL ind of work do	ne during mo	ON at of working	16b. KINI	D OF BUSINES	S/INDUSTRY	
<u>"</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	lite. Do	NOT use retire	d.)					
호	N/A	N/A	Pr	oduce	Sale	sman		Tipi	ico	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAI	ME (First, Middle	, Maiden Suma	me)	
BE (Joseph J. Fe	rrari				Sara	h Gabo)		
	19a. INFORMANT'S NAME (Type/Print)		19b. M/	AILING ADDR	ESS (Street a	nd Number or Rural R	loute Number, Ci	ity or Town, Star	te, Zip Code)	
2	Rose Marie Ferra	ri	64	20 Fr	ederi	ck RdBa	ltimor	e. Md.	21228	3
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem		20b. PLACE AND						N — City or To	
	1 Buriel 2 ☐ Cremation 3 ☐ Rem-	oval from Stata	cemetery, cremato	ry or other ple	ce)		1			
	21. SIGNATURE OF FUNERAL SERVICE LIC	FNSFF	Mew Cat.	neora.	L Cem	etery 10-	4-94	Balti	more.	Md.
ĺ					515.	Baltimo	re Nat	cional	Pike	
	G. Truman S	chwab			Bal.	timore, M	d. 212	29		
	23. PART i. Entar tha diseases, or o	complications that of	caused tha death.	Do not an	tar tha mo	da of dying, such	as cardiac	or respirator	y arreat,	Approximata
	ahock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause	on aach lina.							Interval Batween Onset and Death
	disease or condition	CV	1 A	A						Onest and Death
	resulting in death)	DUE TO (O	R AS A CONSEQUEN	ICE OE:						
_				- 0	TL	akin				
O	Sequentially list conditions, Due To (OR AS A CONSEQUENCE OF):									
E	if any, leading to immediate cause. Enter UNDERLYING	Fo	100	102 01).						i
5	CAUSE (Disease or Injury	OUE TO (O	R AS A CONSEQUEN	ICE OE						
Ē	that initiated evants resulting in death) LAST	002 10 (0	A A CONSECUE	ICE OF).						
CERTIFICATION		d	<u> </u>							
	PART II. Other significant condition	a contributing to de	eath but not reau	Iting In the	undarivin	g cause givan in	Part I. 24a	WAS AN AUTO	PSY 24h	. WERE AUTOPSY FINDINGS
MEDICAL		_						PERFORMEO?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
							_ 10	YES 2 N	10	OF DEATH?
							_			1 TES 2 NO
PHYSICIAN:	DID TOBACCO USE	CONTRIBUTE	TO CAUSE	OF DE	ATH Y	ES NO				
ਹੋ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL:		ОТН		ACE OF DEATH (Che	ck only one)			
S	1 TES 2 THO	1 hpatlant 2 - 8	R/Outpetlent 3 🗆 D			e 5 🗆 Residence	8 Other (Spe	ecity)		
=	27. MANNER OF OEATH	28a. DATE OF IN (Month, Day,		b. TIME OF	28c. INJ	URY AT	28d. OEŞÇRIB	E HOW INJUR	Y OCCUREO	
BY	1 Natural 5 Pending	(,	M		YES 2 NO				
	2 Accident 3 Suicide 8 Could not be	28e. PLACE OF	INJURY — At home,	farm, atreet,	factory, offic				umber or Rural I	Route Number,
世	4 Homicide determined	building, at	с. (Specny)				City or Tov	vn, State)		
BECOMPLETED	29a. CERTIFIER							1930 3775		
E I	(Check only									
ò	2 MEDICAL EXAMINE	R: On the besis of exar	mination and/or inves	stigation, in m	ny opinion, d	eath occured at the	time, date end	place, and due	to the couse(s	end manner es stated.
6	296. SIGNATURE AND TITLE OF CERTIFIER				`	29c. LICENSE NUM	BER	29d	. DATE SIGNED	(Month, Day, Year)
E	R.tu E.K.	Na ma) CWI	holu	12 t	12-	715	5 1	9/3	0/94
2	30. NAME AND AGORESS OF PERSON WH	O COMPLETEO CAUSE	OF OEATH (ITEM 27) (Type, Print)/		- 1 1			110	
	110x= Little	Put	10. 1 F	Y,	, (Columb	0.0	MO	1	744
	31. OATE FILEO (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	7 00	7	000	101	111	0/	0/7
	OCT 0 4 1994	Frei Dande	m- fendallo							
	001041001		1							



BALTIMORE, MARYLAND 21215-0020	or antivoling Physician: The law requires that the death certificate be executed within exclours after death. Page 6 may be retained by the hospital or attending physic	dispersion pages & observed he decharded for your sales have
BA	nours after de	filled in her she &.
V	į.	tahy
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	CIAN: The law requires that the death certificate be executed w	refigured has been sinced by the appropriate special and comment
OF	HYSIC	an sin
NOTSHAT	OR ATTENDING P	Transport American

or attaining PHYSICIAN: The law requires that the death certificate be executed within exhousa feer death. Page 6 may be retained by the hospital or attending physician.

DECOME After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be that be state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO THE HOSPIT OR TO THE FLINER OIL Se flied within 72 DOW

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MARYL		MENT OF HEALTH AN	D MENTAL HYGIR						
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	10.	3. TIME OF DEATH				
	Mamie Fink			MONTH	1994 YEA	3:40 p. m				
		(In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HF			IRTHPLACE (State or Foreign				
			HITHS DAYS HOURS MI		1907	ountry)				
	214-03-2907 1 M 2 M F 97 96. FACILITY NAME (If not institution, give street end number)		A-T-1			rginia				
œ			b. CITY, TOWH OR LOCATION O	F DEATH	9c. COUNTY C	F DEATH				
DIRECTOR	Lorien Frankford Nursing Home	e	Baltimore							
EC	10e. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY				
HO	Maryland	Balt	imore			LIMITS?				
	10e. STREET ANO NUMBER		10f. ZIP CODE		10a CITIZEN (OF WHAT COUNTRY?				
R/	3123 Kenyon Avenue		21213		U.S.					
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER I	IN U.S. ARMED	13. WAS DECENDENT OF HIS	SPANIC ORIGINS (Specific		RACE — American Indian,				
	1 Never Merried 2 Merried FORCES? 1 YES	2 NO	It yes, specify Cuben, Me	exicen, Puerto Ricen, etc.)		Black, White, etc.				
B	3 🖾 Widowed 4 🗌 Divorced	MILS	1 TES 2 NO S	pecify:	,	Specify: White				
G	15. DECEDENT'S EDUCATION	18e. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF	BUSINESS/INDUSTR	ry				
E.	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use re	done during most of working stired.)							
틸	N/A N/A	Operator		Shir	t Compan	у				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S	NAME (First, Middle, Maid	len Sumame)					
BE C	Frank Fox		Laura	M. Willia	ms					
	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Ri	ural Route Number, Cify or	Town, State, Zip Code	i)				
2	Dorothy M. Pazdersky (Niece) 5419 н	illen Road, E	Baltimore,	Md. 2123	9				
		b. PLACE AND DATE OF D			LOCATION — City o	or Town, State				
	4 Donation 5 Other (Specify)	metery, crematory or other Most Holy	Redeemer Cem.	10/4 B	altimore	, Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF	F FACILITY						
	· /1///////////////////////////////////		Schimunek F 3331 Brehms			Md. 21213				
	23. PART I. Enter the diseeses, or complications that cause	d the death. Do not			-					
	shock, or haert failure. List only one cause on e	each lina.	enter the mode or dying,	such as certiac or re-	spiratory erreet,	Approximate Interval Batween Onset and Deeth				
	iMMEDIATE CAUSE (Final disease or condition									
	resulting in death) e.	15/11/05	MSEQUENCE OF:							
_	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
¥	If any, leading to immediate cause. Enter UNDERLYING									
띮	CAUSE (Disease or Injury that initiated events Due TO (DR AS A	A CONSEDUENCE OF):								
팂	resulting in death) LAST					<u> </u>				
뜅										
뒿	PART II. Other significant conditions contributing to deeth b	out not resulting in t	ha underlying ceuse given		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO				
음			<u> </u>		2 NO	COMPLETION OF CAUSE OF DEATH?				
M						1 TES 2 THO				
ä	DID TOBACCO USE CONTRIBUTE TO CAUSE C	OF DEATH YES	□ NQ D UNCERT	AIN 🗆						
징	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	28. PLACE OF DEATH								
Š	1 YES 2 NO 1 Inpetient 2 ER/Out	patient 3 🗆 DOA 3	THER: Huraing Home 5 Reelder	nce 8 Other (Specify)						
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 280. DATE DF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJURY AT WORK?	28d. DESCRIBE HON	W INJURY OCCURED)				
ΒX	Netural 5 Pending 2 Accident Investigation		M 1 TES 2 NO							
	building atc. (Soe	 At home, term, atree cify) 	et, tectory, office	28t. LOCATION (Stree City or Town, Sta		ral Floute Number,				
COMPLETED	4 Homicide determined									
7	29e. CERTIFIER (Check only	rledge, death occurred a	t the time, date end piece, end	due to the cause(e) end r	nenner ee stated.					
N O	one) 2 MEDICAL EXAMINER: On the beele of examination	n end/or investigation, i	n my opinion, death occured at	the time, date end piece,	end due to the ceu	se(e) end menner ee stated.				
	290. SIGNATURE AND TITLE OF CERTIFIER	-	29c. LICENSE	NUMBER	29d DATE SIGN	NED (Mogth, Day, Year)				
BE	fres EDPa		\$ 200	572	► 10 /	3/94				
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type. Pri	nt)	//	1,0/					
	Dr. George Lowe, 5810 Belair			21206						
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN									
	OOT 0 4 1004 d									
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ese	9	2
in certificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending	anding physician and completely filled in by the funeral director, page 5 should be detached for use as the	Unione point to harried examples or come al
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Seri	ling	-
4	pue	2.3

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

physician. e burlal-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OF ATTENDADE HYSICIAN: The law requires that the death certificate has been signed by the attending to THE FUNERAL WESCIENCE ATTENDADE has been signed by the attending be fleed within 72 now.

FOR STATE REGISTRAR	STATE OF MAR	RYLAND / DEPARTMENT CERTIFICATE		MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Lest) JOHN	FRANKLIN	FOLKER,	JR.	2. DATE OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday) IF UNDER	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH

	1. DECEDENT'S NAME (First	IN]	FOLK:	FOLKER, JR.			2. DATE OF DEATH 1994AR			3. TIME OF DEATH 1:23 A.M.			
	4. SOCIAL SECURITY NUMBER 218-14-50	st birthday) .	IF UNDER	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH 08/0/12/09/. /62/	7. Date of Birth 08% 12% 12% 3					
OR	90. FACILITY NAME (# not # 16800-71	Hende		1.		96. CITY, TOWN OR LOCATION OF DEATH Henderson 9c. COUNTY OF DEATH Caroline							
[RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY					Y. TOWN	OR LOCAT	TION					10d. INSIDE CITY
DIRECTOR	Maryland 100. STREET AND NUMBER		line				Н	end		on			LIMITS? 1 YES 2 NO
NA NA							101	. ZIP COE		. 0	10g. CI1		VHAT COUNTRY?
FUNERAL	16800-71	Hende		T NT EVER IN U.S. AI		1.0			2164			USA	
B	1 Never Merried 2 🔀 3 Wildowed 4 Dive		FORCES?	was or dates & Kore	NO			ecify Cub	an, Maxic	NIC ORIGIN? (Specify ' an, Puerto Rican, atc.) fy:	fes or No-	Blec	E — American Indian, k, Whita, atc. #//: White
G		EDENT'S EDU		16a, Di	ECEDENT'S	USUAL O	CCUPATIO	DN and work	lan	16b. KIND OF E	USINESS/IN	DUSTRY	
ONCE.	(Specify only highest grade completed) College (1-4 or 5+) Co									ric Corp.			
ON	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)												
BE C	John Franklin Folker, Sr. Dorothea Ronnburger											ırğer	
B	19a. INFORMANT'S NAME (19						Route Number, City or 1			
1 2	Mrs. Norm	a L.	Folker		1680	00 - 7	71 H	end	ers	on Rd. H	ender	son,	Md. 21640
must be	20a. METHOD OF DISPOSITION 1 Burlel 2 & Cremation 3 Removal from State 4 Donation 5 Other (Specify)												
examiner	21. SIGNATURE OF TUNERAL SERVICE LICENSEE Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD.212												nd, Inc.
OWS any injury, or other traumatic event, the medical examiner must be notified at once. MEDICAL CERTIFICATION TO BE COM	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated exercise). Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										Onat sio south		
H	that initiated events resulting in desth) LAST												
등	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. SEVENCE OP D 1 YES 2 IN NO 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 IN NO										AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
M 23	25. WAS CASE REFERRED 1	O MEDICAL					26. PI	LACE OF	DEATH (C	heck only one)			
SICI	1 YES 2 THO		HOSPITAL:	☐ ER/Outpatient :	DOA	OTHE	R: rsing Hor	10 5 V F	lesidence	6 Other (Specify)			
	27. MANNER OF DEATH	E.U	28a. DATE O	F INJURY Day, Year)	28b. TIM	E OF	28c. INJ	URY AT		28d. DESCRIBE HON	V INJURY O	CCURED	
7.9		Pending investigation	(inones,	Day, roary	1144	M		YES 2	□ NO				
E G	3 Suicide 8 Could not be building, stc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28s. LOCATION (Street and Number or Rural Route Num City or Yown, State)									Route Number,			
COMPLET	and IV		E DOWN ON							a to the cause(a) and n			a) and manner as stated.
E S		de canned	-									1	/
TO BE	30 NAME AND STORIESS OF	40W	electo	>				0	352	259	> /	C SIGNED	94
	31. DATE FILED (Month, Day,	J. C	KEEPE	SE OF DEATH (ITE	(Typo)	26 26	Wit	AHW.	u le	LANE,	FIS	to	Mo. 2/60/
	COT () 4 14	. 4	11 .	- Reader	L .								

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DITAL OF ATTENDING DUNCKINAN. The law condens that the dansh confidence he consider with
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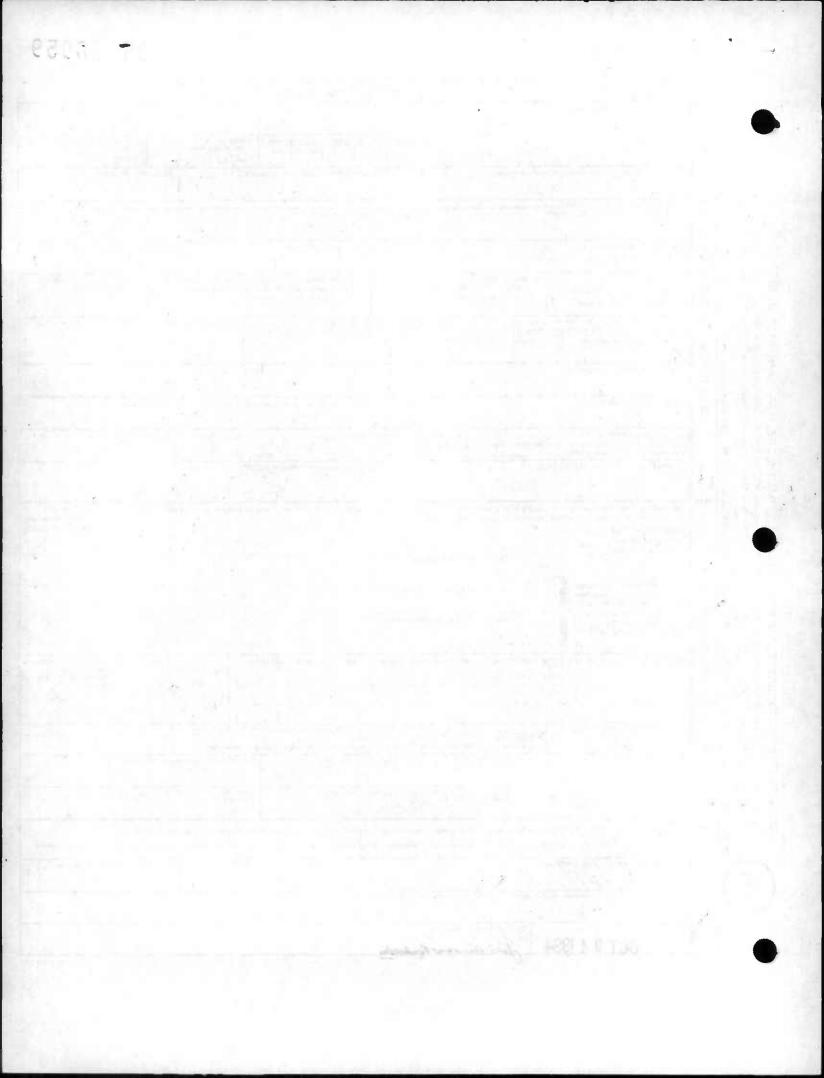
32. REGISTRAR'S SIGNATURE

Denda

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) George Henry Goetz Sr. 2. DATE OF DEATH 3. TIME OF DEATH YEAR 94 GEORGE GOGTZ 09 1048 PM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Morgh, Day, Year) 1 M 2 F 213 -01 790 DAYS HOURS -0701 YRS. Md should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Mercy Hospital DIRECTOR Pages 1, 2, 3 Baltimore RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Baltimore 1 X YES 2 | NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3315 Foster Avenue burial-transit 21224 USA physician 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No--If yea, apecify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced White attending use as the 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during life. Do NOT use retired.) 6 be detached for College (1-4 or 5+) hospital Shipping 8 Steel 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) the Goetz. at Gertrude Rutmeier 6 BE notified funeral director, page 5 should retained 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Rose J. Goetz 3315 Foster Ave. Balto., Md. 21224 e De Pe 20s. METHOD OF DISPOSITION
1 State 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) Раде 6 тау 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Gardens of Faith 10-4-94 Overlea Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY Charles S. Zeiler & Son Inc. death. 901 S. Conkling St. Balto., Md. nours after de filled in by the fu the medical 23. PART i. Enter the diseasee, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, Approximete shock, or heart feliure. List only one cause on each line intervai Between 9 Onset end Death IMMEDIATE CAUSE (Finel cremation, diseese or condition an and completely fi to bunal, cremation LUNG CANCER reculting in death) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, y the attending physician are different Hygiene prior to b DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? PERFORMED? shows any 1 YES 2 NO 1 TYES 2 NO been 1 PHYSICIAN: has b Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate I item EXAMINER? HOSPITAL:

| Input | Input | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | Imput | I OTHER: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY this c 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. (Month, Day, Year) INJURY 5 Pending М 1 YES 2 NO BY After Investigation 2 Accident 3 Sulcide 28a. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 50 8 Could not be DIRECTOR: J COMPLETED 4 Homicide 28 Hem 29e. CERTIFIER (Chack ank)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated. OSPITAL INERAL Ithin 72 ! 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day, Year) BE HE R Denstein MD Cherry P08183 9/30/94 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 301 St. Paul Place Cheryl Bernstein, MD Baltimore Mercy Med Center MD



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27-hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, C

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	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DE	PAR		EALTH AND	MENTAL	HYGIENI REG. NO.	E	•	
1	1. DECEDENT'S NAME (First, Middle, Last)	Mary Lou				DEAITI	MONTH	2. DATE OF DEATH MONTH DAY YEAR		YEAR 994	3. TIME OF DEATN 6:30 A M
	4. SOCIAL SECURITY NUMBER 212-80-1793 -218-32-4647	1 M 2 F	GE (In yrs. last birti		F UNDER 1 YEAR MONTHS DAYS	7. DATE O (Month, 10/2	7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHI Country		PLACE (State or Foreign		
TOR	98. FACILITY NAME (If not institution, give st 7608 Belmont A				9ь. city, town o		DEATH		9c. COUNTY OF DEATH Baltimore		
DIRECTOR	Maryland 10b. COUNTY			c. CITY	, TOWN OR LOCAT		undalk	2			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	40 Liberty Park				101. ZIP CODE 10g. CITIZEN OF WHAT 2122 United					d States	
В	11. MARITAL STATUS 1 Never Merried 2 Merried \$\(\begin{align*} \text{Merried} & \text{Divorced} \end{align*}	12. WAS DECEDENT EVE FORCES? 1 TY IF YES, GIVE WAR O	ES 2 NO			cify Cuben, Mexic	ENT OF NISPANIC ORIGIN? (Specify Yee or I Cuben, Mexican, Puerto Rican, atc.) NO Specify:			14. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12) 1 Oth Grade	CATION completed) College (1-4 or 5+)	(Give kir	nd of w VOT use	of work done during most of working use retired.)				OWN HOME		
BE COM	17. FATNER'S NAME (First, Middle, Last) Gabriel Stofko		ocye	16. MOTNER'S N		AME (First, Middle, Meiden Surneme)					
TO B	190. INFORMANT'S NAME (Type/Print) Mr. Charles Gebh			ADDRESS (Street at 6 Middle					Code) 211	20	
	20e, METNOD OF DISPOSITION YES Burlet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21, BIGNATURE OF FUNERAL SERVICE LICENSEE			Ht.	F DISPOSITION (Namer place)	y Cem. 1	0/04/9	20c. LOC 14 DU	ndal	k, M	wn, state aryland
	23. PART I. Erster the diseases, or o	YIKK.			Duda-	Ruck Fu	neral	Home undalk	of D	unda 21	lk, Inc.
	23. PART I. Enter the disease, or cape in the cape in	a. Chgest	ice flea	et						eat,	Approximata Interval Between Onset and Death
MOIT	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUEN	CE OF	7	fant Farlug				Guartis	
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. Coracy Johns V Chece DUE TO (OR #S A CONSEQUENCE OF):							1078015		
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH?								AVAILABLE PRIOR TO COMPLETION OF CAUSE		
AN:	DID TOBACCO USE CONTR	RIBUTE TO CAUSE				UNCERTA	IN 🗆				1 TYES 2 NO
YSICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/C	Outpetient 3 🗆 D		N (Check only one) OTHER: 4 Nursing Home	5 Residence	8 🗆 Other	(Specify)			
ВУ РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUI (Month, Day, Yee		INJU	JRY WO	JRY AT RK? ES 2 NO	28d. DESC	RIBE NOW IN	JURY OCC	URED	
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJU building, etc. (S	URY — At home, fi Specify)	erm, st	reet, fectory, office		28f. LOCAT	TON (Street at Town, State)	nd Number	of Rural R	oute Number,
COMPLETED		CIAN: To the beet of my kr									end manner ee stated.
ن س	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NO					(Month Day, Year)

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 30 FLOSSIE SEPT Т. GREEN 3:45 P. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 220 03 6942 84 1 M 2 DE YRS. 4/29/1 S.C Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 7401 LIBERTY ROAD RANDALLSTOWN BALTIMORE COUNTY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Balto. Randallstown 1 TY YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? for use as the burial-transit 7509 Digby Rd. 21207 USA ours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Bleck, White, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Wildowed 4 Divorced Black ED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementery/Secondery (0-12) College (1-4 or 5+) COMPL Assembly worker Spring factory funeral director, page 5 should be detached once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Rainey Thompson Ida Lee ĕ notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Raymond Green 50 Balto Md 1464 2120 Pe 20a. METHOD OF DISPOSITION
1- Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - Cify or Town, State DATE must 4 Donetion 5 Other (Specify) 10/6 Balto the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE James A. Morton & Sons 1701 Laurens St. Balto., Md. 21217 signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. 23. PARTY Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximats shock, or haart failura. List only one cause on each line. Intarval Batween IMMEDIATE CAUSE (Final Onset and Daath disesse or condition M reaulting in death) event. **DIVISION OF VITAL RECORDS, P.O. BOX 68760,** MG PHYSICIAN: The law requires that the death certificate be executed with DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO shows any COMPLETION OF CAUSE YES 2 | NO YES 2 | NO this certificate has been with the State Dept. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\Boxed{1}\) PHYSICIAN: UNCERTAIN 🗌 item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 ▼Other (Specify) XXYES 2 NO 1 Inpatient 2 ER/Outpatient 3 | DOA AT SCENE ö 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED marked, ☐ Natural 1 YES BY 2 Accident
3 Suicide ath Investigation PLACE OF INJURY — At home, atreet, fectory, office 26f. LOCATION (Street and Number or Rural Route Number COMPLETED 4 Homicide ret determined 1
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and TO THE HOSPITO THE FUNE BE filed within IMPORTANT MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and discovered at the time, date and place, and discovered at the time, date and place, and discovered at the time, date and place, and discovered at the time, date and place, and discovered at the time, date and place, and discovered at the time, date and place, and discovered at the time, date and place, and discovered at the time, date and place, and discovered at the time, date and place, and discovered at the time, date and place, and discovered at the time, date and place, and discovered at the time, date and place, and discovered at the time, date and place, and discovered at the time, date and place, and discovered at the time, date and place, and discovered at the time, date and place, and discovered at the time, date and place, and discovered at the time, date and place at the time, date and place at the time, date and place at the time, date and place at the time, date and place at the time, date and place at the time, date at the time, date and place at the time, date and place at the time, date at the time, d 29b./5 TURE AND TITLE OF CERTIF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 O.C.M.E 1994 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS OF OEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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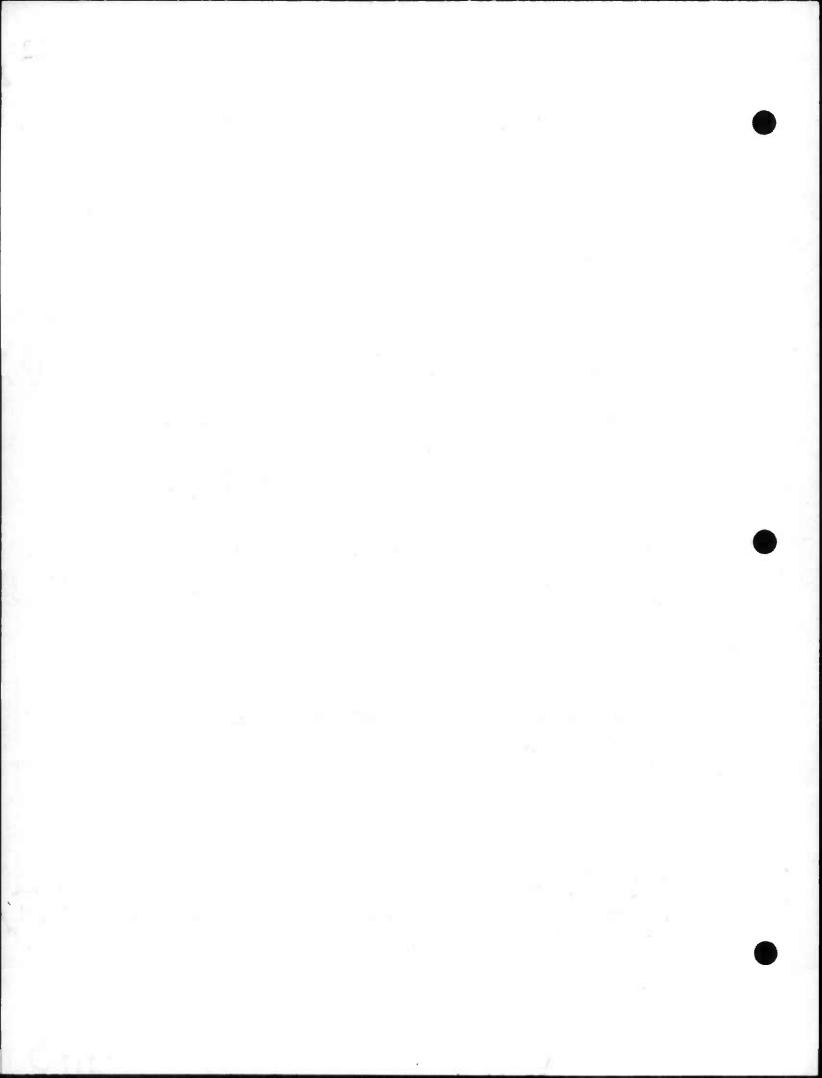
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1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 4158 AM arbara A SOCIAL SECURITY NUMBER 5. SEX IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign 50 7/8/44 1 🗌 M 2 🏋 F 219-42-6864 Maryland permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore City University Hospital RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Perry Hall 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIR CODE 10g. CITIZEN OF WHAT COUNTRY? 19 Bellfalls Wav funeral director, page 5 should be detached for use as the burial-transit 21236 USA retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 PNO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No -14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married _ 2 Married Specify: White BY 3 Wildowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) yrs College Legal Secretary Law Firm 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Ħ Albert Carl DelBianco Anna Kuehne BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Anna B. DelBianco 8507 Oak Road Baltimore, MD 21234 hours after death. Page 6 may be pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Burlai 2 Cremation 3 Removal from State Gemetery, cremetory or other place)
Gardens of Faith Cem. 10/1/94 Parkville, MD 4 Donation 5 Other (Specify) ехатіпет 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Johnson Funeral Home motina 8521 Loch Raven Blvd. Towson, MD 21286 n by the fremoval. medicai filled in by ti 23. PART I. Enter the diseases, or complications that caused the death shock, or heart fallurs. List only one cause on each line. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate tarvai Between 00 IMMEDIATE CAUSE (Final Onset and Death completely filled rial, cremation, o the disease or condition_ Cardio pulmonary arrest 15 minutes reaulting in death) event, executed with and com o burial, o Ovanian conver Termino] Year traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 If any, leading to immediate cause. Enter UNDERLYING signed by the attending physician Health and Mental Hygiene prior to death certificate be other CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 6 injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? requires that the MEDICAL эту 1 TYES 2 NO OF DEATH? shows a 1 TYES 2 NO been t. of t PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO has b. Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law is FUNERAL DIRECTOR; After this certificate has be within 72 hours after death with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** 1 YES 2 OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 8 - Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED marked, Natural 5 Pending Investigation М 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town: State) 90 COMPLETED 6 Could not be 28 4 Nomicide Hem 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and manner es stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) end manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I 296. SIGNATURE AND TITLE OF CERTIFIER 29¢ LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Jeursen MT 91 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Kathleen m. Lewison reenest. 32. REGISTRAR'S SIGNATURE 4 1994

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Page 6 may be retained by the hospital or attending physician. director, page 5 should be detached for use as the burial-transit **IMORE, MARYLAND 21215-0020**

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mounts after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funers be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exami
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR HOUSTON HAROLD PTEMBER 1994 10:25P M 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign (Month, Day, Year) 2-23-54 MD Country) 220-58-1213 1XX M 2 ☐ F 40 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? CATONSVILLE MD BALTO 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 21228 1201 ARUNAH AVE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES Specify: BLACK B 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 3YRS Elementary/Secondary (0-12) W.R. GRACE UNKNOWN 12TH 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) JAMES HOUSTON EARLENE BROWN 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Gode)
1201 ARUNAH AVE CATONSVILLE MD 21228 2 JOSETTE M. HOUSTON 20a. METHOD OF DISPOSITION

1 Darial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State CEMETERY 10594 WOODLAWN, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MARCH F/H-WEST 4300 WABASH AVE 23. PART i. Enter the disessea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximats shock, or hasrt fallurs. List only one cause on each line. intarvai Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition ARTEROCCUSPOTIC resulting in dasth) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERF AUTOPSY FINDINGS PERFORMED AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 yes 2 □ NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL OTHER: XXYES 2 NO 1 | Inpatient 2X ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my-knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ea stated. (Check only one) 2 X MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE OCTOBER 3, O.C.M.E. 1994 2 30. NAME AND ADDRESS OF P RSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JK W 0111

Lis Daviden Rudally

32. REGISTRAR'S SIGNATURE



Penn Street, Baltimore, Maryland 21201

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within flours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH 135 Am 10 7. DATE OF BIRTH Sept. 4, 1900 A SOCIAL SECURITY NUMBER 8. AGE (in yrs. last birthday) IF UNDER t YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign New York 047-16-9703 1 M 2 F 94 YRS. 9e. FACILITY NAME (# not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Anne Arundel Crofton Crofton Conv. Ctr. RESIDENCE OF DECEDENT 10b. COUNT 10e. STATE 10c. CITY, TOWN OR LOCATION LUSDY 10d. INSIDE CITY Calvert 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20657 USA 11810 Highview Circle 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Merried 1 YES 2 NO Specify: Specify: White 3 ₩Idowed 4 Divorced BY COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ntsry/Secondary (0-12) College (1-4 or 5+) Housewife Home 12 t7. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Sarah Mullin Ovid Eddy BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 11810 Highview Circle, Lusby, MD 20657 James G. Hogan 9 20a. METHOD OF DISPOSITION
1 Disposition 3 Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 1 Burial 2 Cremation 5 Other (Specify) Most Holv Redeemer Cem. Schenectady, NY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Hardesty Funeral Home, P.A. 1home 12 Ridgely Ave. Annapolis, MD 21401 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory strest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition VITE resulting in death) ener's Dueuse CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events . Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 1 YES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 8 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be ED 4 Nomicide H 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIEF 29d. DATE SIGNEO (Month, Day, Year) BE 2202 (0 94 5 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

hoder

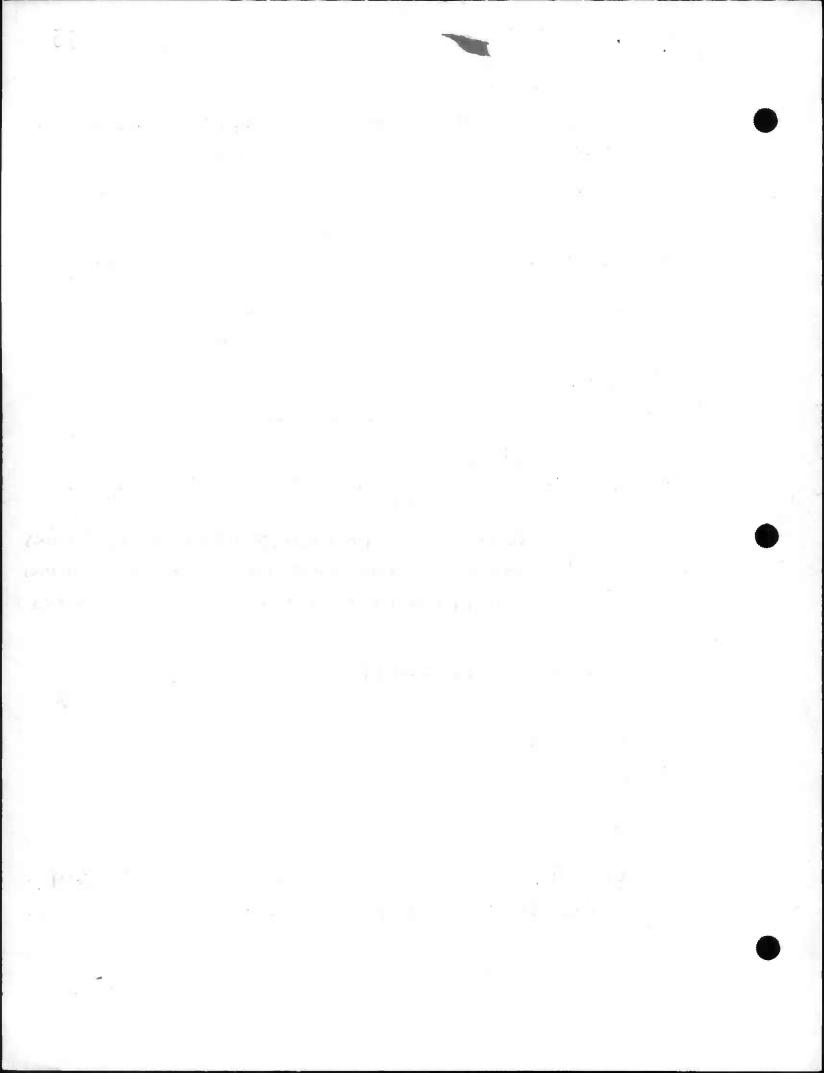
32. REGISTRAR'S SIGNATURE

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BALTIMORE, MARYLAND 21215-0020	Page 6 may be retained by the hospital or attending physician.	MEAN DIRECTOR. After the conflictor has been signed by the affecting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be consistent to burial transfer by the funeral hours.	er must be notified at once.
BALT	irs after death.	n by the funera	edicai examir
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	Ours after death. Page 6 may be retained by the have required be able to entitled to be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	OFFECTOR. After the conflictor has been agained by the affecting physician and completely filled in by the bouns the feath with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	The il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
1	prida	ERA No.	Ē

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF DEAT	TH	REG. NO.		
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	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE $176-01-5226$ 1 \square M 2 \boxtimes F		UNDER 1 YEAR IF UNDER	···· (Mon	OF BIRTH th, Day, Year)	6. BIRTHI Country	PLACE (State or Foreign Innsylvani
	9a. FACILITY NAME (If not institution, give street and number)	91	. CITY, TOWN OR LOCATION			9c. COUNTY OF DE	EATH
DIRECTOR	Good Samaritan Hospital		Baltimon	2		Balti	more
DIRE	100. STATE 100. COUNTY Md. Baltimore		timore				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	100. STREET AND NUMBER 7620 Daniels Ave.		10f. ZIP COOF		1	U.S.A	HAT COUNTRY?
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ДВ С	3 → Wildowed 4 Divorced IF YES, GIVE WAR OR		1 TYES 2 X NO	Specify:		Specifi	"White
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Collega (1-4 or 5 +)	4.5	done during most of working tired.	g	b. KIND OF BUSIN	ESS/INDUSTRY	
COMPL	17. FATHER'S NAME (First, Middle, Last)	Нотета					
BE CC	Niles Bailey			er's name (First,	-	mame)	
0	190. INFORMANT'S NAME (Type/Print) John D. Hamme		DRESS (Street and Number				,
	20s. METHOD OF DISPOSITION 20	b. PLACE AND DATE OF D	Summit Av	re. Bal		. 2/23	
		metery, cremetory or other arkwood		10		to. Md	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Hartley	SS OF FACILITY Miller	Funer	al Hom	e
	23. PART I. Enter the diseases, or complications that cause	d the death. Do not	7527 Hall	ng, auch as car	d. Dal	το., //α	Approximate
	shock, or heart failure. List only one cause on	aach lina.					intarval Between Oneat and Death
	disease or condition resulting in death) a. DUE TO (OR AS	1115	INTRA	CERE	BRAL	Breel,) 24 HRS
z	- ALY	TE W	YOCAR	MAL	IMFA	MCTION	1 24 HRS
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HTIFICATION		A CONSEQUENCE OF):	14210	14		-	IOYRS
CERT	resulting in death) LAST						
CALC	PART II. Other significant conditions contributing to death			jivan in Part I.	24s. WAS AN AU PERFORME		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
5	ATRIAL FIBI	21 LLAT	101		1 [] YES 2	100	COMPLETION OF CAUSE OF DEATH?
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COMPLETED		IY — At home, farm, strau ecify)	et, factory, offica	26t, LOC City	CATION (Street and or Town, State)	Number or Rural Ro	oute Number,
7	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my kno	wiedga, daath occurred a	t the time, data and place,	and due to the ca	use(s) and manne	r as stated.	
O.	one) 2 MEDICAL EXAMINER: On the basis of examinati						and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1110	29c. LICE	NSE NUMBER	2	9d, DATE SIGNED	(Month, Day, Year)
2	M. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pri	nt)	076	0	-0913	0/1944
	KOFI OWUSH-BOR	TITEY	(2001)	SAMA	RITAX	4 He	JP. MD.
	31. DATE FILED (Month, Day, Year) OCT U 4 1334 32. REGISTRAR'S SIG						7
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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FOR STATE REGISTRAR		STATE OF N	IARYLA	ND / DEPAR Certif						GIENE				
1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF D	DAY		YEAR 94	3. TIME OF DEATH	
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		5. SEX		yrs. lest birthday) YRS.	IF UNDER 1	DAYS	HOURS I	HRS.	7. DATE OF BI (Month, Day,	Year)	- 1	Country		gn
215-32-8654 Ba. FACILITY NAME (If not in		Δ.	9	U That	OF CITY	TOWAL (OR LOCATION	OF DE	7/26/0		9c. COUN		land	
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Maryland	В	altimore			Towso	n							LIMITS?	0
10e. STREET AND NUMBER						-	1. ZIP CODE				10g. CITIZ	EN OF W	VHAT COUNTRY?	
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II. MARITAL STATUS I Never Merried 2 3 X Widowed 4 Divo	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2X NO	01	yes, sp		Viexicar	IC ORIGIN? (Sp. n, Puerto Ricen,		No—	14. RACE Black Speci	- American Indian t, White, etc. th: White	,
(Specify online Elementary/Secondary (I		JCATION e completed) College (1-4 or 5 -		16a. DECEDENT'S (Give kind of life. Do NOT u	work done du se retired.)	CUPATI uring mo	oat of working			OF BUSIN	Orașia Grașia	USTRY		
7. FATHER'S NAME (First, M							100000		ME (First, Middle,	Maiden Su	mame)			
Randolph		ın							Young					
Dorothy G.		ns					Lane		loute Number, Ci		State, <i>Zip</i> 2128	_		
20a. METHOD OF DISPOSIT	on 3 🗆 Ran	noval from Stata	1	PLACE OF DISPO	SITION (Nam	ne of ce	metery, cremato	ory or	ark	20c. LOCA		-	wn, Stata	
21. SIGNATURE OF FUNERA	AL SERVICE	CENSER			Jo	hns		nera	al Home				MD 21286	
	eert fellure.	complications the	t ceused ise on ee	the death. Do							OWSC tory arre		Approximat	e
IMMEDIATE CAUSE (Flo disease or condition resulting in deeth)	nal →	. Sepo	u'										Onset and I	cole
		1 Parte	(OR AS A	CONSEQUENCE C	Fi Va	uce	la	2	Uses	nec		uel	B	
Sequentially list condition of the course. Enter UNDERLY CAUSE (Olsease or injuited initiation of the course resulting in death) LAS	diete ING ury	a ce	eel	CONSEQUENCE C	1	y	Lenn	90	ung				1 ham	eth
PART II. Other signification of the significance with the significance with the significance of the signif	Secul	ns contributing to	death bu	t not resulting	In the und	derlyin	g ceuse glv	en In	10	WAS AN AI PERFORM YES 2 [ED?	24b	WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	USE

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 J-NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: ng Home 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 26a, DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Watural 5 Pending Investigation 2 Accident
3 Suicide 26s. PLACE OF INJURY — At home, farm, streat, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

4 🗌 Homicide 1 ST CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

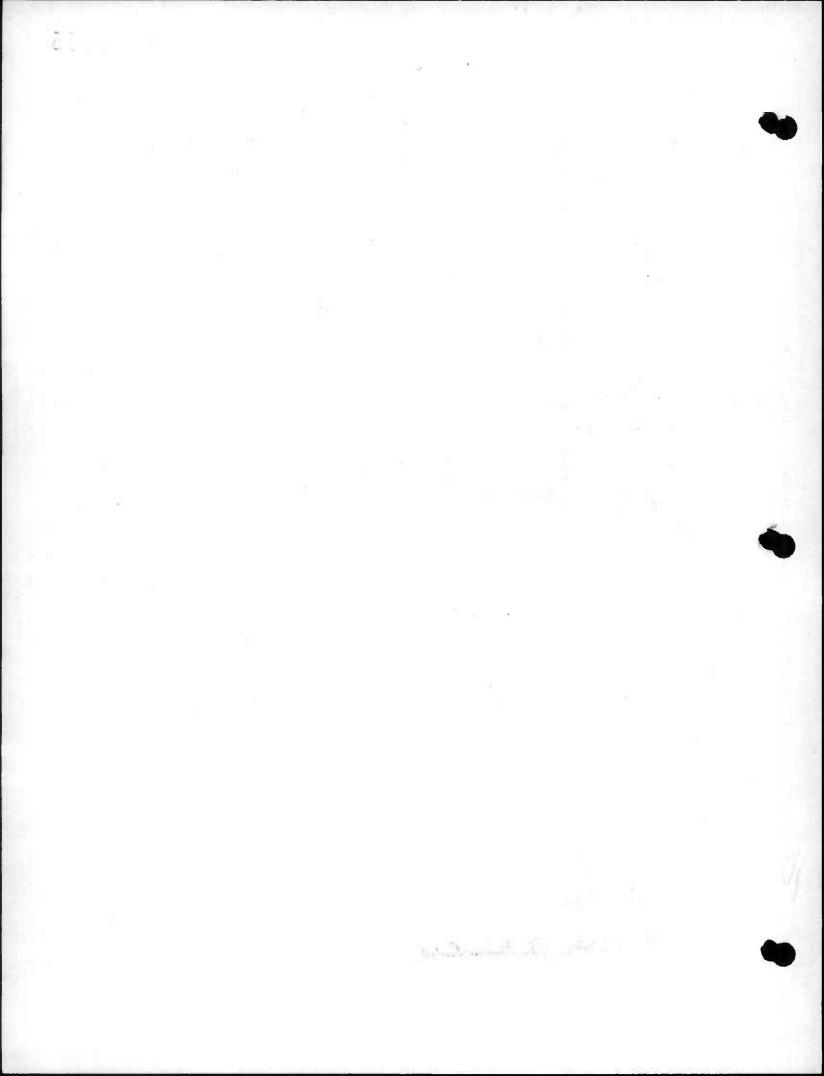
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29b. SIGNATURE AND TITLE OF CENTIFIER

29c. LICENSE NUMBER

Daniel.	Kunga J	MN	ATTENDINE		05917	10	-4-99
30. NAME AND ADDRESS	OF PERSON WHO COMP	LETED CAUSE OF DE	EATH (ITEM 27) (Type, Print)		2 (0	. (
to Garage	3 / //	100000	Ja 40.0	1121 14	King 107	Kaciel	11/

22. REGISTRAR'S SIGNATURE



Pages 1, 2, 3 should

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DIRECTOR

FUNERAL

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10 injury, CERTIFICAT

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 0 17. FATHER'S NAME (First, Middle, Last)

4 Donation 5 Other (Specify)

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

Daniel

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh be filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial cremation or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notify
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Margaret C. Hullett 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 142-18-0423 84 DAYS 1 🗌 M 2 💢 F YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Joseph Richey Hospice Balto.City, Md. RESIDENCE OF DECEDENT 10h. COUNTY 10c. CITY, TOWN OR LOCATION Balto.City,Md. Maryland 10e. STREET AND NUMBER 10t, ZIP CODE 201 Warren Ave. Apt.# 409 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 ANO Specify: 1 Never Married 2 Married **₹**[2] Wildowed 4 ☐ Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highe I2th.Grade College (1-4 or 5 +) Secretary

2. DATE OF DEATH 3. TIME OF DEATH YEAR **'97**29/1**9**94 7. DATE OF BIRTN 8. BIRTHPLACE (State or Foreign 4/12/47/1910 New Jersey 9c. COUNTY OF OEATH 10d. INSIDE CITY LIMITS? XX YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 21230 United States 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY Globe Application 18. MOTHER'S NAME (First, Middle, Meiden Surname) Murphy

19a. INFORMANT'S NAME (Type/Print) Mr.Lawrence E.Comet 20a. METNOD OF DISPOSITION
PLYBurial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of

nd Dlean

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1610 Jackson St.Balto.Md. 21230 DATE 20c. LOCATION — City or Town, Stata

THOY TO TOS'S Cemt. 10/1/1994 A.A.Co.Md. 22. NAME AND ADDRESS OF FACILITY

Ellen

Balto.Md. 21230 McCully Funeral Home. 130 E. Fort AV

ehock, or heart feilure. List only one cause on eech line **IMMEDIATE CAUSE (Final** diseese or condition requiting in deeth) Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury

23. PART I. Enter the diseases, or complicatione that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory errest,

Friel

intervai Between Onaet and Death

thet initieted events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.

ĺ	24a. WAS AN AUTOPS
	PERFORMED?
	1 TYES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF 0EATN? 1 _ YES 2 _ NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN ! 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)

		1.1	
Othe	r (Specify)	Has	PICK

1 YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient	3 🗆 DOA	OT 4 □
Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF JURY

Nursing Nome 5 - Rasidence 8 28c. INJURY AT WORK? 1 YES 2 NO 28s. PLACE OF INJURY - At home, term, atreet, tectory, office

	28d. DESCRIBE NOW INJURY OCCURED
1	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a, CERTIFIER (Check only one)	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dat 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion,		
296. SIGHTUPE	AND TITLE OF CERTIFIED / MUNIC MID	29c. LICENSE NUMBER	29d. DATE S

iioii,	death occured at the time, da	a and place, and due	e to the	cause(a) ar	id manner	88 1	stated
2	29c. LICENSE NUMBER	290	DATE S	SIGNED (M	onth, Day,	Year)	1

10	100		1//	1 6	MIN	///	/
30 NAME AND	ADDRESS	OF PERSON	WHO COM	PLETED CA	UNE OF DEAT	H STEM 22 /TH	pe P
1501	1.0 0	09,11	an	11	//	1//	12

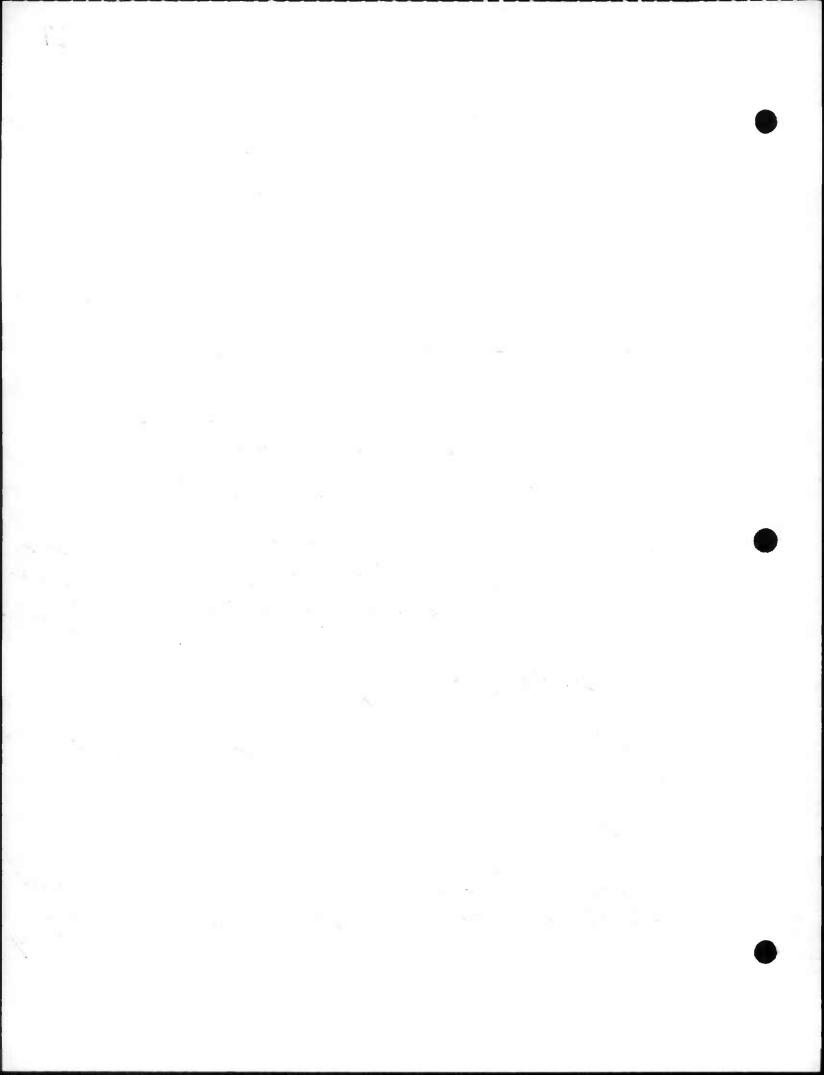
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CALLINE	OF:	DEATH	OTEM	225/	Type.	nor)	
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II. DMI II. P	SCED IN	sovert,	LANS	1980	
OC.	T 0	4	19	q_{2}	

3 🔲 Suicide

29a. CERTIFIER

4 🔲 Homicide

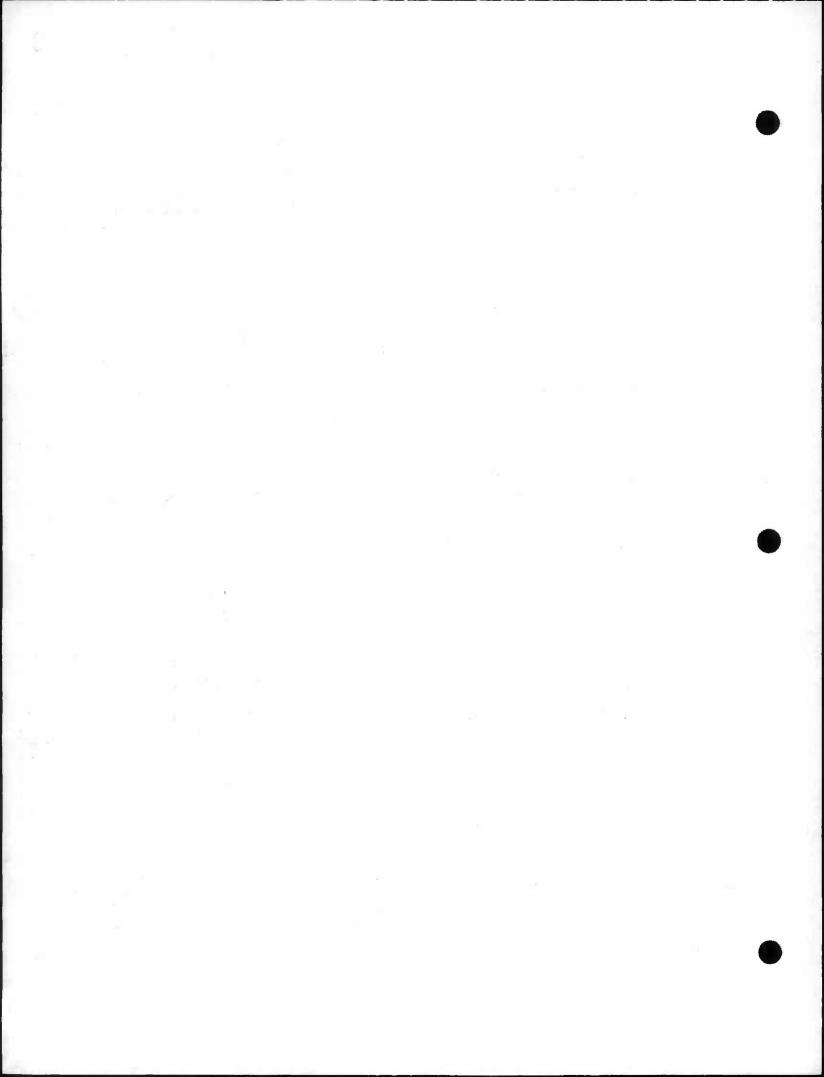


DHMH-16 Rev 1/89

OUVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020
TO THE HOW TO ME OF INDING PHYSICIAN. The law requires that the death certificate be executed within Priority after death. Page 6 may be retained by the hospital or attending physician.
TO THE FULL PRECION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,
ASSESSMENT OF THE PARTY OF THE

1 - STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO	_	
1. DECEDENT'S NAME (First, Middle, Last	HERRON			2. DATE OF DEATH MONTH D	AY YES	
4. SOCIAL SECURITY NUMBER 233-48-4860	5. SEX 1 2 M 2 F 61	YRS. MONTH	V - 22/4 22-20 1/22-2	7. DATE OF BIRTH (Month), Day, Year) 11/17/3:	2 8. B	RTHPLACE (State or Foreign ountry)
90. FACILITY NAME (If not institution, give Harbor Hospit			altimore	DEATH	9c. COUNTY (OF OEATH
Harbor Hospit RESIDENCE OF DECEDENT 100. STATE Maryland	TY	10c. CITY, TOW	N OR LOCATION Baltimor	e		10d. INSIDE CITY LIMITS? THYES 2 NO
10e. STREET AND NUMBER 3601 Sollers F	oint Road		101. ZIP CODE 2122	22	10g. CITIZEN	OF WHAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 XYES 2 IF YES, GIVE WAR OR OATES		13. WAS DECENDENT OF HISP. If yes, specify Cuben, Mexic 1 YES 2 NO Specify Cuben, Mexic	can, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: White
Specify only highest grade Specify only highest grade Specify only highest grade	College (1-4 or 5+)	OECEDENT'S USUAL (Give kind of work do life. Do NOT use retire achinis	ne during most of working ad.)	Westeri		
17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden		CLIC
Jess Herr	on	,		Rosie Par		
Ramona A. Saue		743 Sho	re Drive Jo	ppatowne	MD.	21085
20a. METHOD OF DISPOSITION 1 Burlal 2 Temation 3 Re 4 Donation 5 Other (Specify)			etory, Inc.			
George E. M	mount		22. NAME AND ADDRESS OF E Cremation S 299 Frederi	ociety of	Mary	land, Inc.
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	ISEOUENCE OF):	Metastas v	g	asmet	emplos
PART II. Other significent condition	ons contributing to deeth but no	ot resulting in the	underlying cause given i	n Pert I. 24a. WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
≥	CONTRIBUTE TO CAL	ISE OF DEA	TH YES [7] NO			1 TYES 2 NO
DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO		JOE OF DEF	28. PLACE OF OEATH (C			
1 YES 2 NO	HOSPITAL: 1 inpatient 2 ER/Outpatient	t 3 DOA 4 D	IER: Nursing Home 5 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCURE	0
Accident Investigation Suicide 8 Could not be Homicide detarmined	28a, PLACE OF INJURY - A	t home, farm, street,	1 _ YES 2 _ NO	281. LOCATION (Street City or Town, State)	and Number or Re	ural Route Number,
S (ne)	SICIAN: To the beat of my knowledge,					use(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFI	- Hous	e Staff	29c. LICENSE N		1913	NED (Month, Day, Year)
DISRIDHAR. ATLURY	HARBOR HOSP: CEN		1 S. HANOUER	ST. BALTIN	ORE	MD 21225
31. DATE FILED (Month, Day, Year)	1994 Juli Sani	E				



ltem	11 1	film # G 716 10-04-94 M	N.A. Per fune						
		1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF			GIENE 3. NO.	
		1. DECEDENT'S NAME (First, Middle, Last)	Al Ilia				2. DATE OF DE		3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	NEHIA	Nellie	Halpin	_	Sept.	30, 19	94 9:00 pm
P		182-01-4120	1 M 2 TF	(In yrs. lest birthday YRS.	MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIR 06/13	708	8. BIRTHPLACE (State or Foreign
2, 3 should	TOR	98. FACILITY NAME (If not institution, give str 6664 Roberts C		-92		Burnie	EATH	A. A	TY OF DEATH
Pages 1,	DIRECTOR	10e. STATE 10b. COUNTY	Arunde1	10c. C	Glen B				10d. INSIDE CITY LIMITS? 1 YES 2 NO
isit permit	FUNERAL	100. STREET AND NUMBER 6664 Roberts C	t. Apt. C	-92	.1	01. ZIP CODE 21061	·	10g. CITIZ	TEN OF WHAT COUNTRY?
215-0020 attending physician. se as the burial-transit permit, Pages 1,	B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, s	CENDENT OF HISPAN pecify Cuben, Mexica S 2 XNO Specify	n, Puerto Rican, e		14. RACE — American Indian, Black, White, atc. Specify: White
=	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give kind o life. Do NOT		nost of working		OF BUSINESS/INDI	
AND the hospit detached	OMP	8th Grade 17. FATHER'S NAME (First, Middle, Last)		Fost	er Par	ent 18. MOTHER'S NA			zed Child Car
2 5 5 K	BE	John Mooney 19a. INFORMANT'S NAME (Type/Print)				Unav	ailabl	e	
	2	William J. Hal		6664	Rober		t, Apt	. C-92	G.B., MD21061
BALTIMORE, I ter death, Page 6 may be the funeral director, page 6 wal.		20e, METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Remo 4 Donetton 5 Other (Specify)	val from State		eofdisposition() other place; conator	y, Inc.		Baltin	nore, MD.
BALTIM after death, Page by the funeral directional moval.		21. SIGNATURE OF FUNERAL SERVICE LIGH		1	22 NAME A	and address of fa	CILITY		
BAL er death the fune val.		George E. M	lacNabb						MD. 21228
		23. PART I. Enter the diseases or or							
nt and non the filled is atton, or the mu		shock, or heert failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death)	let only one office on o	each ilne.	3 a	ode of dying, auc	h ae cerdiac or		Approximate intervel Batween Onset and Death
760, ed within announce ompletely filled in it, cremation, or event, the ma	NO	immediate Cause (Finel disease or condition resulting in death) Sequentially list conditiona,	DUE TO (OR AS	A CONSEQUENCE	3 la				Intervel Batween
P.O. BOX 68760, th certificate be executed within and not ending physician and completely filled it Hygiene prior to burial, cremation, or or other traumatte event, the m	ERTIFICATION	shock, or heert failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR AS	each ilne.	3 Ga				Intervel Batween
P.O. BOX 68760, ath certificate be executed within annountending physician and completely filled is all Hygiene prior to burial, cremation, or other traumatic event, the m	CE	shock, or heert failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditiona, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE	9 Ac	ō A	Part I. 24a. v	LBA WAS AN AUTOPSY	Intervel Batween Onset and Death 24b. WERE AUTOPSY FINDINGS
CORDS, P.O. BOX 68760, iries that the death certificate be executed within and not signed by the attending physician and completely filled i Health and Memal Hygiene prior to burial, cremation, or ws any Injury, or other traumatte event, the miles.	ш	shock, or heert failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditiona, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other aignificent conditions	DUE TO (OR AS DU	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE but not resulting	OF): OF):	ng cause given in	Part I. 24a. V	LB1	Intervel Batween Onset and Death
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F VITAL RECORDS, P.O. BOX 68760, INCIAN: The law requires that the death certificate be executed within announcerificate has been signed by the attending physician and completely filled in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or or them 23 shows any Injury, or other traumattic event, the man.	SICIAN: MEDICAL CE	shock, or heert failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditiona, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other aignificent conditions DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS DU	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE but not resulting	OF): OF): OF): OF): OF): OTHER: 4 Nursing Ho ME OF 28c. Ih	ng cause given in YES NO PLACE OF DEATH (Ch	Part I. 24a. v f 1 c c c c c c c c c c c c c c c c c c	LGA WAS AN AUTOPSY ERFORMED? YES 2 NO	Intervel Batween Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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ISION OF VITAL RECORDS, P.O. BOX 68760, TTENDING PHYSICIAN: The law requires that the death certificate be executed within announced to the state of the this certificate has been signed by the attending physician and completely filled after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or 28 is marked, or item 23 shows any Injury, or other traumattic event, the missing the property of the marked of the property of the marked or item 23 shows any Injury, or other traumattic event, the missing the property of the marked or item 23 shows any Injury, or other traumattic event, the missing the property of the prop	ED BY PHYSICIAN: MEDICAL CE	shock, or heert failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditiona, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS DU	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE Dut not resulting CAUSE OI patient 3 DOA 28b. Ti	OF): OF):	ng cause given in YES NO PLACE OF DEATH (Ch me 5 Residence JURY AT ORK? YES 2 NO	Part I. 24a. v 1 1	LGIA WAS AN AUTOPSY ERFORMED? YES 2 NO Try) HOW INJURY OCC Street and Number	Intervel Batween Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and not the HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an HE FINNERAL DIRECTIOR. After this certificate has been signed by the attending physician and completely filled in filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or PORTANT: If item 28 its marked, or item 23 shows any Injury, or other traumatte event, the machine and programments.	BE COMPLETED BY PHYSICIAN: MEDICAL CE	Shock, or heert failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditiona, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other aignificent conditions DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	DUE TO (OR AS. DUE TO (OR AS.	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE Dut not resulting CAUSE OI patient 3 DOA 28b. Ti	OF): OF):	ng cause given in YES NO PLACE OF DEATH (Ch me 5 Residence JURY AT ORK? YES 2 NO ce	Part I. 24a. v F 1 = 24b. Describe 28d. Describe 28d. Describe 28d. Location City or Town to the cause(e) a time, data and pi	AS AN AUTOPSY ERFORMED? YES 2 NO NO Street and Number of State) Ind menner se state ace, and due to the	Intervel Batween Onset and Death 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED Or Rural Route Number, id. cause(a) and manner as stated.
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THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and not the HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an HE FINNERAL DIRECTIOR. After this certificate has been signed by the attending physician and completely filled in filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or PORTANT: If item 28 its marked, or item 23 shows any Injury, or other traumatte event, the machine and programments.	BE COMPLETED BY PHYSICIAN: MEDICAL CE	Shock, or heert failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS DU	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE Dut not resulting CAUSE Of patient 3 DOA 28b. Ti II Y — At home, term wiedge, death occu on end/or investigat D. 16(OF): OF):	PLACE OF DEATH (Chime 5 Residence JURY AT ORK? YES 2 NO	Part I. 24a. v f 1 = 24b. Describe 28d. Describe 28d. Describe 28d. Location City or Town to the cause(a) a time, data and pi	AS AN AUTOPSY ERFORMED? YES 2 NO Street and Number of State) Address of the State	Intervel Batween Onset and Death 24b. Were Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED Or Rural Route Number, id. 5 IGNED (Month, Day, Year) 0/01/94

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician.

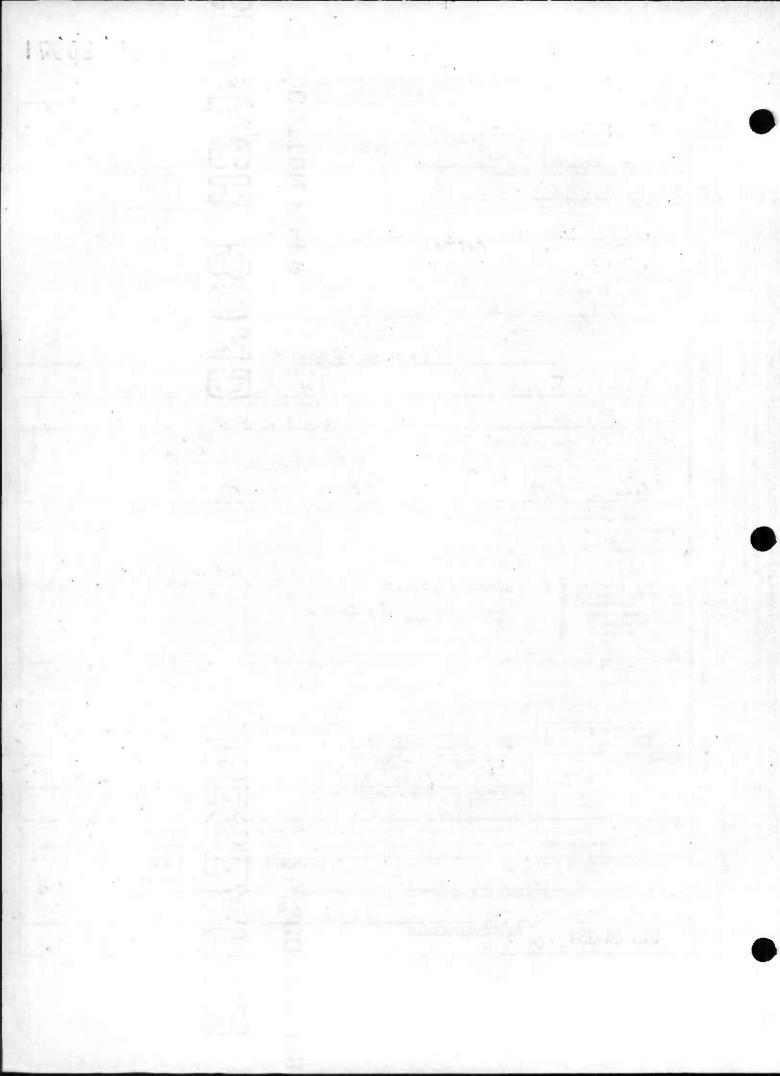
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notifiled at once.

FOR STATE REGISTRAR	1 . STATE STATE STATE OF MANT LAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE								
DECEDENT'S NAME (First, Middle, Lest)	Emily	Imes			2. DATE O MONTH		, 19	YEAR 94	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 187-10-5587	5. SEX 6. AGE	MC		IF UNDER 24 HRS.	7. DATE OF	F BIRTH Day, Year) 02/19(8.0	Country	PLACE (State or Foreign V) NSYLVania
90. FACILITY NAME (If not institution, give			b. CITY, TOWN OR		, , , , ,	9c. COUNTY OF DEATH			
202 Woodland Au	enue Apt. Ci		Dunda	<u>lk</u>			Bal	tim	ore
100. STATE 100. COUNTY	Baltimo	OWN OR LOCATION	ındall	2			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
100. STREET AND NUMBER 202 Woodland Au	enue Ant C1		10t. Z	IP CODE	1222				States
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECEN	DENT OF HISPAN	IIC ORIGIN?	(Specify Yee	-	I. RACE	- American Indian, White, etc.
1 Never Merried 2 Merried 3) Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES TO THE STATE OF THE STATE	1 🗆 YES 2	fy Cuben, Mexical NO Specify	<i>r</i> :			Specif	
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +)	16e. DECEDENT'S US (Give kind of work life. Do NOT use n	done during most d	of working			ness/indus		
Not Known	Contage (1-4 of 3 y)	House	keeper			Hospi		-9	
17. FATHER'S NAME (First, Middle, Last)			3	6. MOTHER'S NAI			Sumeme)		
NOT KNOWN 190. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street end		KNOU		State Zip C	nde)	
Martha Weigert							undal		MD 21222
20e. METHOD OF DISPOSITION 1XXBuriel 2 Cremetion 3 Ref	20e. METHOD OF DISPOSITION 1/2 Spuriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION / Name of Camplage of the place DATE 20c. LOCATION — City or Town, State								
	4 Doneston 5 Other (Specify) Baltimore National Cem. 10/4/94 Baltimore, MD 21. SKINATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
· (had)	V. Fish		7922 W	liso Avo	D1	ndalb	MD	21	lk, Inc.
23. PART I. Enter the diseesea, Dr ahock, Dr heart feilure.	Liat Dnly Dne ceuee Dn e	ech iine.	enter the mode	of dying, such	h es cardie	c or reapli	atory erree	t,	Approximate intervel Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	6.	ged Va	scular	Dye	eise				Onset and Death
	DUE TO (OR AS A	A CONSEQUENCE OF):							
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF):							
ceuse. Enter UNDERLYING CAUSE (Disease Dr injury thet initiated events	C. DUE TO (OR AS /	CONSEQUENCE OF):							-
resulting in death) LAST	d	·							
PART II. Other eignificant condition	ns contributing to death t	out not resulting in t	he underlying c	euse given in	Part I. 2	4a, WAS AN		24b.	WERE AUTOPSY FINDINGS
TUBE Feech						PERFORI	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Broneletes					_ [1 YES 2 NO
DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSE C	28. PLACE OF DEATH		UNCERTAIN	V I				
EXAMINER? 1 TYES 2 THO	HOSPITAL: 1 Input lent 2 ER/Out	_ 0	THER:	5 🗆 Reeldence	6 Other (Specify)			
27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJUR	Y AT			JURY OCCU	RED	
2 Accident Investigation	26e PLACE OF INJURY	— At home, term, stre		2 NO	201 0047	ION (Carred -	-141	0 -10	
4 Homicide determined	building, etc. (Spe	city)	or, ractory, ornice			Town, State)	nd Number or	HURBI H	oute Number,
	SICIAN: To the beat of my know								
	ER: On the beels of examination	n end/or investigation, i	n my opinion, deat	h occured at the	time, date a	nd place, end	due to the o	:euse(e)	end menner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	+ Tilut.	110.	21	De. LICENSE NUM					(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	rnt)	V21	46x		- /	در – ر	3-94
3508 BANK	3508 BANK ST BALTO 2/244								
31. DATE FILED (Month, Day, Year) 4 19	94 32. BY GENRALD SIGN	THRE							

manager it is the second

	1. DECEDENT'S NAME (First, Middle, L		ige Allen	Jovce		2. DATE OF D	DAY	YEAR	3. TIME OF DEATH	
	Tawier	1				0	9 27	94	10:35	
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. last birthday)	MONTHS DAYS		7. DATE OF B		B. BIRTHE Country	PLACE (State or Fore	
	219-12-6423		75 YRS.			05, 2			MD.	
œ	9a. FACILITY NAME (If not institution, g	0			OR LOCATION OF E		9c. COUN	TY OF DE	EATH	
6	RESIDENCE OF DECEDEN			Battir	nore, ru	D			The State	
DIRECTOR	10a. STATE 10b. CO		10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?	
	Maryland +	Battimore	LIC B	athmor	re, nu	5			1 TES 2 T	
FUNERAL	100. STREET AND NUMBER	do Stree	+ Battimos		2/20 2/20	10	10g. CITIZ	EN OF W	HAT COUNTRY?	
N.	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED		ECENDENT OF HISPA	-	selfu Yea er No. T		- American Indias	
	1 Never Merried 2 Married		YES 2 NO	If yes,	specify Cuben, Mexic ES 2 NO Spec	an, Puerto Ricen	etc.)	Black, Specifi	White, etc.	
В	3 Widowed 4 Divorced	WWI	ARMY	1 '0"	LS 2 (IF NO Spec	ny.		Specin	Black	
ETED	15. DECEDENT'S (Specify only highest of		18e. DECEDENT'S	USUAL OCCUPAT	TION most of working	16b. KINI	OF BUSINESS/IND	USTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	ise retired.)						
COMPL	(1)		11-40	KD	RIVER	B4	Lt. C17	Y		
	17. FATHER'S NAME (First, Middle, Last					AME (First, Middle		-		
BE	HNOKEW	104CE					WREN			
2	DORIS BARNE				end Number or Rura					
		,		_	ood AVE		20c. LOCATION - C	212		
	1 for Buriel 2 Cremation 3 Removal from State cemetery, crematory or other piece)								vn, State	
	4 Donation 5 Other (Specify)	FLICENSEE	KINGA	MEMORI	AL PK	10/3	FRNOALC	-5106	JN MC	
	DI.	7 41		Rott	To Since	J Has	1129 E Delt	N. C	A PLU CIA	
	Patricia Bett BETTS FUNERAL HOME BALT MD 2121 23. PART I. Enter the deesess, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximation of the control of the con									
	23. PART i. Enter the dieeases, shock, or heart feile	or complications that ourse. List only one cause	caused the deeth. Do e on aach iina.	not enter the n	node of dying, su	ch es cerdiec	or respiratory arre	eat,	Approxim interval B	
- 1	IMMEDIATE CAUSE (Fine)	0	14.						12/14/25/2010/2010	
	disease or condition resulting in death)	Sep	من						12/14/25/2010/2010	
	disease or condition	a. DUE TO (C	DR AS A CONSEQUENCE O	DF):					12/14/25/2010/2010	
NOI	disease or condition resulting in death) Sequentielly list conditions,	ra spn	umone	·					13/14/2000/00/00	
CATION	disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	b. Some TO (C	LIANONIO DR AS A CONSEQUENCE O	PF):	,,)				13/14/2000/00/00	
IFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Some TO (C	LIANONIO DR AS A CONSEQUENCE O	PF):	w				13/14/2000/00/00	
ERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. Some TO (C	umone	PF):	w				13/14/2000/00/00/00/00/00/00/00/00/00/00/00/0	
- CERTIFICATION	Sequentielly list conditions, if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. Sue TO (C) c. Cauche Due TO (C) d.	DR AS A CONSEQUENCE OF AS A CONSEQUENCE	lailu		- Parti Lou			Onset and	
	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Sue TO (C) c. Cauche Due TO (C) d.	DR AS A CONSEQUENCE OF AS A CONSEQUENCE	lailu		n Part i. 24a.	WAS AN AUTOPSY PERFORMED?		Onset and	
EDICAL	Sequentielly list conditions, if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. Sue TO (C) c. Cauche Due TO (C) d.	DR AS A CONSEQUENCE OF AS A CONSEQUENCE	lailu					WERE AUTOPSY F AWAILABLE PRIOR COMPLETION OF	
: MEDICAL	Sequentielly list conditions, if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. Sue TO (C) c. Cauche Due TO (C) d.	DR AS A CONSEQUENCE OF AS A CONSEQUENCE	lailu			PERFORMED?		WERE AUTOPSY FINANCIABLE PRIOR COMPLETION OF	
: MEDICAL	Sequentielly list conditions, if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART ii. Other significent conditions.	b. SUE TO (C) c. CAUC DUE TO (C) d	DR AS A CONSEQUENCE OF AS A CONSEQUENCE	In the underlyl	ing cause given in	1	PERFORMED?		WERE AUTOPSY FI AWAILABLE PRIOR COMPLETION OF C	
: MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificent cond	b. DUE TO (C) c. CALL DUE TO (C) d	OR AS A CONSEQUENCE OF AS	In the underlying 28.	ing cause given in	heck only one)	PERFORMED?] YES 2 NO		WERE AUTOPSY FINANCIABLE PRIOR COMPLETION OF	
: MEDICAL	disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant cond	b. DUE TO (C) c. CALL DUE TO (C) d	DR AS A CONSEQUENCE OF AS	In the underlying the state of	ing cause given is PLACE OF DEATH (Come 5 - Residence	heck only one)	PERFORMED?] YES 2 NO		WERE AUTOPSY FINANCIABLE PRIOR COMPLETION OF	
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	b. DUE TO (C) c. CALL DUE TO (C) d	DR AS A CONSEQUENCE OF AS	In the underlying the state of	PLACE OF DEATH (Come 5 - Residence NOURY AT YORK?	heck only one)	PERFORMED?] YES 2 NO		WERE AUTOPSY FINANCIABLE PRIOR COMPLETION OF	
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, ieeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDICAEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigated.	b. DUE TO (C) c. CALL DUE TO (C) d	PR AS A CONSEQUENCE OF AS	OTHER: 4 Nursing Ho JURY M 1	PLACE OF DEATH (Come 5 Residence NUTRY AT YORK?	heck only one) 8 Other (Special DESCRIB	PERFORMED? J YES 2 INO City) E HOW INJURY OCC	URED	WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF COMPLETION O	
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	b. DUE TO (C) c. CALL DUE TO (C) d. AL HOSPITAL: 1 Inpatient 2 (Month, Day, (Month, Day, (Month) Day,	PR AS A CONSEQUENCE OF AS	OTHER: 4 Nursing Ho JURY M 1	PLACE OF DEATH (Come 5 Residence NUTRY AT YORK?	heck only one) 8 Other (Special DESCRIB	PERFORMED? YES 2 NO NO NO NO (Street and Number at (Street an	URED	WERE AUTOPSY FINANCIABLE PRIOR COMPLETION OF	
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificent cond 25. WAS CASE REFERRED TO MEDICAE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigat 2 Accident 3 Suicide 6 Could not determine	b. DUE TO (C) c. CALL DUE TO (C) d	PR AS A CONSEQUENCE OF AS	28. OTHER: 4 Nursing Ho ME OF 28c. II JUHY M 1 atrest, factory, off	PLACE OF DEATH (Come 5 Residence NJURY AT VORK?	heck only one) 8 Other (Spot 28d. DESCRIB 26f. LOCATION City or You	PERFORMED? YES 2 NO NO NO NO (Street and Number of the first state)	URED or Rural Re	WERE AUTOPSY FINANCIABLE PRIOR COMPLETION OF	
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificent cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigat 2 Accident 3 Suicide 6 Could not determine 29e. CERTIFIER (Check only)	b. DUE TO (C) c. CALL DUE TO (C) d	PR AS A CONSEQUENCE OF AS	28. OTHER: 4 Nursing Ho ME OF Survey M 1 atreet, factory, off	PLACE OF DEATH (Come 5 Residence NJURY AT VORK? VES 2 NO	heck only one) 8 Other (Spot 28d. DESCRIB 26f. LOCATION City or Tow	PERFORMED? YES 2 NO NO Refly) E HOW INJURY OCC I (Street and Number of Manner easter) and manner easters	or Rural Ro	WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF COF DEATH?	
COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigat investigat a Suicide 6 Could not determine 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	b. DUE TO (C) c. CALL DUE TO (C) d. DUE TO (C) d	PR AS A CONSEQUENCE OF AS	28. OTHER: 4 Nursing Ho ME OF Survey M 1 atreet, factory, off	PLACE OF DEATH (Come 5 Residence NJURY AT YORK? YES 2 NO	1 Check only one) 8 Other (Spe 28d. DESCRIB 26f. LOCATION City or Tow	PERFORMED? YES 2 NO NO	or Rural Road.	WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO OF DEATH? 1 YES 2 P	
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, seeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigat 2 Accident 3 Sulcide 6 Could not determine 29e. CERTIFIER (Check only one) 2 MEDICAL EXA 29b. SIGNAJURE AND TITLE OF CERT	b. DUE TO (C) c. COULD DUE TO (C) d	DR AS A CONSEQUENCE OF AS	28. OTHER: 4 Nursing Ho ME OF 28c. II JURY M 1 street, factory, off	PLACE OF DEATH (Come 5 Residence NJURY AT YORK? YES 2 NO Note and du death occured at the 29c. LICENSE NL	heck only one) 8 Other (Spe 28d. DESCRIB 26f. LOCATION City or Tow e to the cause(e) e time, data end	PERFORMED? YES 2 NO NO NO REHOW INJURY OCC REGISTRATE AND Number of the control of the cont	or Rural Ro	WERE AUTOPSY FII AMAILABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 h	
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, seeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigat 2 Accident 3 Sulcide 6 Could not determine 29e. CERTIFIER (Check only one) 2 MEDICAL EXA 29b. SIGNAJURE AND TITLE OF CERT	b. DUE TO (C) c. COULD DUE TO (C) d	DR AS A CONSEQUENCE OF AS	28. OTHER: 4 Nursing Ho ME OF 28c. II JURY M 1 street, factory, off	PLACE OF DEATH (Come 5 Residence NJURY AT YORK? YES 2 NO Note and du death occured at the 29c. LICENSE NL	heck only one) 8 Other (Spe 28d. DESCRIB 26f. LOCATION City or Tow e to the cause(e) e time, data end	PERFORMED? YES 2 NO NO NO REHOW INJURY OCC REGISTRATE AND Number of the control of the cont	or Rural Ro	WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 R	
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, seeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigat 2 Accident 3 Sulcide 6 Could not determine 29e. CERTIFIER (Check only one) 2 MEDICAL EXA 29b. SIGNAJURE AND TITLE OF CERT	b. DUE TO (C) c. CAUCA DUE TO (C) d. DUE TO (C)	DR AS A CONSEQUENCE OF AS	28. OTHER: 4 Nursing Ho ME OF 28c. II JURY M 1 street, factory, off	PLACE OF DEATH (Come 5 Residence NJURY AT YORK? YES 2 NO Note and du death occured at the 29c. LICENSE NL	heck only one) 8 Other (Spe 28d. DESCRIB 26f. LOCATION City or Tow e to the cause(e) e time, data end	PERFORMED? YES 2 NO NO City) E HOW INJURY OCC t (Street and Number of the company of the co	or Rural Ro	WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



VOID
CERTIFICATE #

94-28972

SEE

CERTIFICATE #

94-29638

94. 18975

8Ed12-49

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Enviours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. OATE FILED (Month, Day, Year) 4 1994

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

	Items10e,1	9b 10-4-94	FilmG71	.6 W.1	H.Per F,	/ H	9	4 289	73			
_	FOR 1 - STATE REGISTRAR					MENTAL						
	1. DECEDENT'S NAME (First, Middle, Last) ATT G 4. SOCIAL SECURITY NUMBER	Johnson				Septe	OF DEATH DAY	94 3:09	Pu			
	220-22-8385	1 D M 2 XF 72	2 YRS. MON	NTHS DAYS	HOURS MIN.	8-	22-22	5.C.	ониди			
	Sina D	tospital			a to	EAIN	SC COOK	Y OF DEATH				
	10a STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCA	Balto)		10d. INSIDE CITY LIMITS? 1 YES 2				
		1			21215	5	10g. CITIZE	N OF WHAT COUNTRY?				
	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2	ZNO	If yes, s	pecify Cuban, Mexica	in, Puarto R	? (Specify Yas or No — 1/	A. RACE — American Indi Black, White, atc. Specify: Black	lan,			
	(Specify only highest grade of Elementary/Secondary (0-12)	ATION 16e completed) College (1-4 or 5+)	(Give kind of work of life. Do NOT use reti	done during m tired.)	ION lost of working	16b.		- 1 1	Systen			
	17. FATHER'S NAME (First, Middle (1951) TENCY DELL											
	Christopher		196. MAILING ADD 4213	DRESS (Sin) of		1	Dalta	nd 2121	15			
	Donation 5 □ Other (Specify)		CEAND DATE OF DI	ISPOSITION IN	ame of	Id5	Ba (+0	y or Town, Stata				
	Dela 7	narch		ma	rch F.	H-V bas	h Ave					
	IMMEDIATE CAUSE (Final	emplications that caused the let only one ceuse on each	line.				lac or raepiratory arres	Approxim Interval B Onset and	Between			
	resulting in deeth)	DUE TO (OR AS A CON		eno Co	Monoma	<u> </u>						
	Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING		NSEQUENCE OF):		-							
	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A COM	NSEQUENCE OF):									
	PART II. Other significent conditions	contributing to death but n	ot resulting in th	ne underiyir	ng ceuse given in	Part I.	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY F AMAILABLE PRIOR	OT F			
	DID TOPACCO HEE C	ONITRIBUTE TO CA	HCE OF D	P 4 991 1 1	/F6 F3 N6		1 YES 2 NO	DF DEATH?				
		ONIKIBUTE TO CA	USE OF D				-					
	EXAMINER?	HOSPITAL:		THER:								
	27. MANNER OF OEATH 1 Netural 5 Pending	RED										
I												
	- MEDICAL EXAMINER	On the beale of examination end	aror investigation, in	my opinion,	death occured at the	time, data	and place, and due to the	cause(a) and manner as s	stated.			
-	286 SIGNATURE AND TITLE OF CERTIFIER	,			29c. LICENSE NUM		264 8477 4	GIGNED (Month, Day, Year)				
		1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 220-22-83 65 9a. FACILITY NAME (If not institution, give stress of the country of the	1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 2. SEX 1. M 2 F 9a. FACILITY NAME (If not institution, give stried and number) 10a. STATE 10b. COUNTY 10a. STATE 10b. COUNTY 11. MARIITAL STATUS 1 Never Married 1 DECEDENT'S EDUCATION (Specify only highest grade completed) 11. MARIITAL STATUS 1 Never Married 1 DECEDENT'S EDUCATION (Specify only highest grade completed) 11a. INFOSMANT'S NAME (Type/Print) 11b. INFOSMANT'S NAME (Type/Print) 11c. INFOSMANT'S NAME (Type/Print) 20d METHOD OF DISPOSITION 11f. FATHER'S NAME (First, Middle) (Ipst) 21d. SIGNATURY OF FURERAL SERVICE LICENSEE 23. PART I. Entar the diseases, or complications that caused the shock, or heert fellure. Liet only one ceuse on each IMMEDIATE CAUSE (Final disease or conditions) 1 signature of FURERAL SERVICE LICENSEE 23. PART II. Other eignificent conditions contributing to death but in the initiated events resulting in death) LAST DID TOBACCO USE CONTRIBUTE TO CA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF GEATH 1 Netural S Pending Investigation 3 Suicide S Could not be determined 28a. DATE OF INJURY (Month, Dey, Year) 26a. PLACE OF INJURY (Month, Dey, Year) 26b. PLACE OF INJURY (Month, Dey, Year) 26c. PLACE OF INJURY (Month, Dey, Year)	STATE OF MARYLAND / DEPARTM STATE REGISTRAR 1. DECEMBENT'S NAME (Frot. Micides, Last) Johnson 4. SOCIAL SECURITY NUMBER J. D. D. A. S. S. S. S. S. S. S. S. S. S. S. S. S.	TOP STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF REGISTRAR 1. DECEDENT'S NAME (Pirot, Middle, Last) JOHN S. SEX JOHN S	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH 1. DECEDBRY'S NAME (Piet, Middle, Last) A SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. BEX 6. AGE (in yrs. fast birthday) 7. YRS. 8. DEPART IN THE STATUS 100. STREET AND NUMBER 11. MARTIAL STATUS 11. MARTIAL STATUS 11. MARTIAL STATUS 11. MARTIAL STATUS 11. MARTIAL STATUS 11. MARTIAL STATUS 12. WAS DECEDENT EVER IN U.S. SAME 13. WIS DECEMBENT OF HEALTH AND MINMER 14. DECEMBENT OF HEALTH AND MINMER 15. RECORDAY (Piet) 16. DECEMBENT OF HEALTH AND MINMER 17. FATHER NAME (Piet, Minds/fights) 18. MALLING ADDRESS (Piet) 18. MALLING ADDRESS (Piet) 18. MALLING ADDRESS (Piet) 19.	1. DECEDISTEAN AND PRIVATE PROJECTION AND PROJECT OF DEATH 1. DECEDISTEAN AND PRIVATE PROJECT OF DEATH 2. DATE 3. DATE 4. DOCUMENT NUMBER 3. SEX 4. ADE (in yr. last brinding) 5. SEX 5. SEX 6. ADE (in yr. last brinding) 7. DATE 8. FACE ITY NAME (if nor standard, over sever and number) 8. FACE ITY NAME (if nor standard, over sever and number) 1. DATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR 1. DESCRIPTIVE NAME (Park Mode), Last) 2. DATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR 2. DATE OF DEATH 3. DATE OF DEATH 4. SOCIAL SECURITY NAMER (Park Mode), Last) 3. DATE OF DEATH 4. SOCIAL SECURITY NAMER (Park Mode), Departed and animate) 3. DATE OF DEATH 5. SEX, S. AGC (Park last condain) 5. SEX, S. AGC (Park last condain) 6. LOCAL SECURITY NAMER (Park MARK) (Park MARK) (Park MARK) 7. DATE OF DEATH 7.	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG NO. 1. SEGISTRAN 1.			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MI	ENTAL HYGIENE
CERTIFICATE OF DEATH	REG NO

		FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
		1. DECEDENT'S NAME (First, Middle, Last) Mildred K	Napp Mile	dred Est	elle Kna	pp	2. DATE OF DEATH DA	AV YEAR	3. TIME OF DEATH 500 A M		
P		378 584/200 C	1 □ M 2 √ F 61	n yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03 26 33	8. BIRT Cour MC	* * *		
, 2, 3 should	TOR	90. FACILITY NAME (If not Institution, give s Hopkins Bay View RESIDENCE OF DECEDENT		er		EIMORE	ATH	9c. COUNTY OF	DEATH		
physician. burlal-transit permit. Pages 1,	DIRECTOR	Md. 10b. COUNT	Y	10c. CIT	y, town or Locat Baltimon				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
an. ransit perm	FUNERAL	5119 Fait Avenue	9		101	21224		10g. CITIZEN OF USA	WHAT COUNTRY?		
	ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	if yes, sp	ENDENT OF HISPANI scify Cuban, Maxican 2 NO Specify:		Bie	CE — American Indian, ck, White, atc. city:		
the hospital or attending detached for use as the once.	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u		DN st of working	16b. KIND OF BUS	SINESS/INDUSTRY			
5 E ≤	ш	17. FATHER'S NAME (First, Middle, Last) Franklin Huster	:				ME (First, Middle, Maiden ed Little				
y be retained t lage 5 should be notified	TO BI	19a. INFORMANT'S NAME (Type/Print) Joyce Knapp		625 8	Rappo	lla St. E	oute Number, City or Tow. Balto., Md.	21224			
e 6 ma rector, p		20e. METHOD OF DISPOSITION Burlei 2 Cremation 3 Rem Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIX	oval from State ceme	PLACE AND DATE ofery, crematory or o ACTED HE	of disposition (Na part of 22, NAME AR		0-4-94 Di	cation — city or undalk, M			
- e - e		> Charle ;	5. Zele		Char 6224	les S. Ze Eastern	eiler & Son Ave. Balto	o.,Md.			
nted within anouns after completely filled in by the ial, cremation, or remove cevent, the medical		IMMEDIATE CAUSE (Finel	a. Duk to (or as a	ch line.		de of dying, such	n as cardiec or reapi	iratory errest,	Approximate Interval Between Onset and Death		
pertificate be execu- ling physician and ygiene prior to but other traumati	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
ires that signed by fealth and ws any	MEDICAL (PART II. Other eignificant condition	tati Doca	st ca	119	g ceuse given in i	Part I. 24e. WAS AN PERFOR 1 TYES 2	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
as ber Dept		DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	CAUSE OF		ACE OF DEATH (Che					
mis certificate h	Y PHYSICIAN	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Sinpatient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year)	28b. Til	4 Nursing Hom IE OF 28c. INJ JURY WO	URY AT RK?	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED			
E)	ETED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Speci	— At home, farm,			28f. LOCATION (Street a City or Town, State)	and Number or Rura	Route Number,		
HOSPITAL OF FUNERAL CIEN WITHER 72 NOR TANTE 11 HER	COMPLE		CIAN: To the beat of my knowler: On the basis of examination						(e) and manner as stated.		
TO THE FLINERY TO THE FLINERY DE RIED WITHIN 7 IMPORTANT:	TO BE	SIGNATURE AND LITLE OF GERTIFIE	200			29c. LICENSE NUM	BER 73	≥ 10 · (D (Month, Day, Year)		
		30. NAME AND ADDRESS OF PERSON WH	32. REGISTRAR'S SIGNA	ow 40	Gest 9	Balli	MD ZI	205			
		OCT 0 4 1994	Jani Series for	dista							

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that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

One by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should them and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR: After this certificant be filed within 72 hours after death with the Simm

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA CERTIFIC			MENTAL HYGIEN	_		
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	GNESYA MOUSH	EUNA KAT	Z			10 - 01	- 1994	12:20 A. M	
	4. SOCIAL SECURITY NUMBER 220 - 37 - 7293	5. SEX 6. AGE (II	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08 - 06 -	Coun	CHPLACE (State or Foreign otry) USSIA			
)R	9a. FACILITY NAME (If not institution, give s NORTH ARUNDEL NUR: CONVALESCENT CENT	street and number)	91	GLEN B	IRNTE.		90. COUNTY OF DEATH ANNE ARUNDEL		
5	RESIDENCE OF DECEDENT								
DIRECTOR		ARUNDEL		OWN OR LOCAT BURNIE	ION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	100. STREET AND NUMBER 6909 GLEN RIDGE	CIRCLE B1		101	21061		10g. CITIZEN OF STATE	WHAT COUNTRY? LESS	
BY	11. MARITAL STATUS 1 Never Married 2 🖔 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, spi	ENDENT OF HISPAN scify Cuben, Mexice 2 NO Specify	IIC ORIGIN? (Specify Yea n, Puerto Ricen, etc.)	Biad	CE — American Indian, ck, White, etc. city: WHITE	
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade Elamentary/Secondery (0-12)	CATION completed) College (1-4 or 5 +)	18e. OECEDENT'S USI (Give kind of work life, Do NOT use re	done during mo:	DN st of working	18b. KIND OF BUS	SINESS/INDUSTRY		
MP		5 YEARS	CHEMICAL	ENGIN	EER	CHEMIC.	AL		
BE CO	17. FATHER'S NAME (First, Middle, Last) MOUSHEUN		KATZ		18. MOTHER'S NAI	ME (First, Middle, Maiden ALE		HALTZAU	
TO B	190. INFORMANT'S NAME (Type/Print) TIM A. ALIYE'	V				Route Number, City or Town		MD 21117	
	20e. METHOD OF DISPOSITION 1 [X Burlel 2 Cremetion I Rem	20b.	PLACE AND DATE OF C clery, crematory or other LILL CREST	ISPOSITION (Na.	me of	1 PATE) 20c. LO	CATION — City or TAPOLIS, A	own, State	
	4 □ Donetion 5 □ Other (Society) 21. SIGNATURE OF UNERIAL SERVICE LIC		ILL CREST		LKY D ADORESS OF FAI	12771	TOLIS, I	TAKILAND	
	·	XX		SINGL	ETON FUN	ERAL HOME	N BURNIE	, MD 21061	
	23. PART I. Enter the diseases, or o	complicatione that eused List only one cause on ea	the death. Do not	enter tha mo	de of dying, eucl	h as cardiec or respi	ratory arrast,	Approximate	
	IMMEDIATE GAUSE (Final disease or condition resulting in death)	e. DUE TO (OR AS A		Car	cinon	ner		Interval Between Onset and Death	
z									
SATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	CONL	CONSEQUENCE OF):	conla	1	fecide.	nt		
CERTIFICATION	CAUSE (Disease or Injury thet initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQUENCE OF):							
	PART II. Other significent condition	s contributing to death by	it not reculting in t	he underlying	seves alven in	Boot I Day Mac an	ALETTO DOV		
PHYSICIAN: MEDICAL	Hype	rtention	- It not resulting in t	ne underlying	ceuse given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ.	DID TOBACCO USE CONTI	PIRITE TO CAUSE OF	DEATH VES		UNCERTAIN		.	1 U YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEATH		ONCERIAIN	<u>и П Г</u>			
Sic	1 Tyes 2 No	HOSPITAL: 1 Inpatient 2 ER/Outpa	itlent 3 DOA 4	THER: X Nursing Home	5 - Residence	8 Other (Specify)			
	27. MANNER OF JEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJI	JRY AT	28d. DEŞCRIBE HOW II	JURY OCCURED		
TED BY	3 Suicide 8 Could not be datarmined	28e. PLACE OF INJURY building, etc. (Specif	— At home, larm, stree	et, lactory, office		281. LOCATION (Street & City or Town, State)	nd Number or Rural	Route Number,	
COMPLETED		CIAN: To the best of my knowle							
	296. SIGNATURE AND TITLE OF CERTIFIER	R: On the beets of examination	end/or investigation, ii	n my opinion, a	29c. LICENSE NUM			e) end manner ee stated. D (Month, Day, Year)	
TO BE	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type Pris	nt)	038	912	▶ 10 -	01 - 1994	
	DR. SALVACION DUP.	AYA 1720 C	RAIN HIGH	-	LEN BURN	IE, MD 21	061		
	OCT 0 4 1994	32. REGISTRAR'S SIGNA							

1 - FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS. P.O. BOX 68760

		1. DECEDENT'S NAME (First,	Middle, Last)	Margar	et El	izabe	eth B	Kir	schner	2. DATE O	D	MY 1	994	3. TIME OF DEATH
		Margaret 4. SOCIAL SECURITY NUMB	IFR .	5. SEX	6. AGE (In yrs.				IF UNDER 24 HRS.	7. DATE O		, 1:		5:10 A
		218-12-463		1 M 2 K F	7.0	YRS.	MONTHS	DAYS	HOURE MIN.	(Month,	Day, Year)		Country	
pino	1	90. FACILITY NAME (If not in			70	1110.	ab OITY	TOWN	OR LOCATION OF D		01/19		MAT.	yland
2, 3 should	DIRECTOR	Franklin S	quare)				sville	EAIN				County
es .	EG	RESIDENCE OF DEC	10b. COUNT	Y		10c, Cf	TY, TOWN 0	R LOCA	TION					10d. INSIDE CITY
physician. burial-transit permit. Pages 1, 2,	E	Maryland		Bal	timore				Dund	alk			1	LIMITS?
ermit		10e. STREET AND NUMBER						10	H. ZIP CODE			10g. CIT	THAT COUNTRY?	
nsit p	FUNERAL	2012 Pund	THE Dr	ive					21	222		Uni	states	
physician. burial-tran	5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.						e or No—	14. RACE	American Indian, White, etc.	
	В	1 Never Merried 2 3 Wildowed 4 Divo		IF YES, GIVE W		Alto			S 2y 3/NO Speci		care, etc.)		Specify	
	TEO	15. OEC (Specify only	EDENT'S EOU highest grade	CATION completed)	18a.	OECEOENT'	work done o	CUPATI	ION ost of working	16b.	KINO OF BU	SINESS/INC	DUSTRY	
Q = 1	COMPLET	Elementary/Secondary (0	-12)	College (1-4 or 5 -	+)	ille. Do NOT					۸			
the hospital detached for once.	1 1 1	8th Grade	iddle (est)			по	memak	eer_	44 1407147010 14	45		n Hon	ne	
by the hospit be detached at once.	_ 1	Alexander		Pit					18. MOTHER'S N.	beth				
Page 6 may be retained al director, page 5 should ner must be notified	BE	190. INFORMANT'S NAME (7		Cy		19b. MAILIN	G ADDRESS	(Street	and Number or Rural				Codel	
	5	Charles A.		chner	_				Road Es				2122	.1
		20e. METHOD OF DISPOSITI 1 □ Burlel 2 □ Crematio 4 □ Donation 5 ☑ Other	n 3 🗆 Rem		20b. PLA	CE AND DATE	of Dispos other place) Maus	ole	um 10/04	/94	Bal		-	vn, State Varyland
		21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE _	1//									lk, Inc.
2 2 3		- Cha	1 1	· Fr	ly		7	922	! Wise Au	e. D	undal	k, MI	0 21	
ours after d d in by the or removal.		23. PART I. Enter the di ahock, or he	seases, or eart fallure.	complications tha List only one csu	t caused the	death. Do ine.	not enter	the mo	ode of dying, au	ch aa cardi	ac or reap	iratory an	reat,	Approximate interval Between
y filled i ation, or the m		IMMEDIATE CAUSE (Findisease or condition	ai											Onset and Death
		resulting In death) a. Myocardial Infarction DUE TO (OR AS A CONSCOUENCE OF):												
acuted with and completely burial, cremati atic event, t				DOF 10	(OH AS A CON	SEOUENCE	OF):							
te be executed sician and con prior to burial, traumatic e	CATION	Sequentially list conditi		b DUE TO	(OR AS A CON	SEOUENCE (DF):							
siclar prior trau	SAT	If any, leading to immediate cause. Enter UNDERLYING												
h certifical anding phy Hygiene i or other	RTIF	CAUSE (Disease or Inju that initiated events		DUE TO	(OR AS A CON	SEOUENCE (OF):							
	Іші	reauliting in death) LAST												
that the dea ed by the att th and Menta any injury,	C	PART II. Other significa	nt condition	ns contributing to	death but no	ot reaulting	in the un	deriyin	ng cause given in	Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
that the dot by and hand in	EDICAL	Carcinoma L									PERFO		1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
sign Sign Heal	MED									_	I L TES	Z ES NO		OF DEATH? 1 YES 2 NO
- 0 0		DID TOBACCO	O USE	CONTRIBUTE	TO CA	USE O	F DEAT	H	YES XT NO					
The law re has be to Dept.	SIAN:	25. WAS CASE REFERRED TO EXAMINER?							PLACE OF DEATH (C	heck only one)			
SICIAN: The certificate h the State d, or item	S	1 TYES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER		me 5 🗆 Residence	6 Other	(Specify)			
PHYSICI this cer with th	PHYSICI	27. MANNER OF OEATH		28e. OATE OF (Month, D		28b. TI	ME OF	28c. IN.	JURY AT ORK?	28d. OESC	RIBE HOW	INJURY OC	CUREO	
DING PHYS After this death with	BY		Pending Investigation				М	1 🗌	YES 2 NO					
TTENDI TOR: A after d	요		Could not be determined	26s. PLACE O building,	F INJURY — At etc. (Specify)	home, farm,	atreet, fact	ory, offic	ca		TION (Street Town, State		r or Rural Ro	oute Number,
DIRE DIRE Houn	COMPLET	29e. CERTIFIER (Check only	IFYING PHYS	ICIAN: To the best of	my knowledge.	death occur	red at the ti	me, date	e end place, and du	a to the caus	e(e) end me	oner se stat	lad	
E BE	N N	anni.												end manner es stated.
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	ЕСС	29b. SIGNATURE AND TITLE							29c. LICENSE NU					(Month, Day, Year)
TO THE HOSPI TO THE FUNER De filed within	m	Kumai	P	la	lla	M.	D						10/1	194
FFA	유	30. NAME AND ADDRESS OF			-			_	1			I	1	/ 17
		Kumar P. Da	11a M		Frank	lin S	quare	Dr	ive, Bal	timor	e, Ma	rylar	nd 2	1237
		OCT 04 19	94	July Dave	TR'S SIGNATUR	all								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the FUNEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the lamps of should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Deat.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE											
	STATE	OF	MARYLA	ND /	DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE	
CERTIFICATE OF DEATH											

- 13	1. DECEDENT'S NAME (First, Middle, L. CATHERINE V.					2. DATE OF DEATH DAY	to YEAR	3. TIME OF DEATH
18	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BII	RTHPLACE (State or Foreign
	218096146	1 □ M 2 □ F	79 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 07/08/15	Co	untry)
	9a. FACILITY NAME (If not institution, g	give street and number)		9b. CITY, TOWN O	OR LOCATION OF D		ec. COUNTY O	MARYT AND
OR	CHURCH HOME HOS	SPITAL		BA	LTIMORE		_	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COI		10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY
	MD	BALTIMORE,		ROSEDA	ALE			LIMITS?
	10e. STREET AND NUMBER				. ZIP CODE		log. CITIZEN C	F WHAT COUNTRY?
FUNERAL	1233 N. 64th	STREET			21	237		IISA
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED		ENDENT OF HISPA	NIC ORIGIN? (Specify Yes or	No- 14. R	ACE — American Indian, lack, White, atc.
ВУ	1 Never Married 2 Married 3 🕅 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		2 NO Specif			pecify:
	15. DECEDENT'S	EDUCATION	18a. DECEDENT'S U	ISLIAL COCUPATIO	241	Life was as area.		WHITE
-	(Specify only highest g	grade completed)		ork done during mo:		16b. KIND OF BUSIN	ESS/INDUSTR	Y
COMPLETE	Elementary/Secondary (8-12)	College (1-4 or 5+)	WAITRE			FOOD SEE	RVICE	
S O	17. FATHER'S NAME (First, Middle, Last,)			18. MOTHER'S NA	AME (First, Middle, Maiden Su		
ш	JAMES JENNINGS				-	DEGORAN		
10 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADORESS (Street a		Route Number, City or Town,	State, Zip Code;)
	MARY DOFFLEMY	ER	6845	BELCI	LAIR RD	DUNDALK ,	MD 2:	1222
	20a. METHOD OF DISPOSITION 1 ➡ Burlal 2 □ Cremation 3 □ 1		20b. PLACE AND DATE OF		ame of		TION — City o	
	4 Donation 5 Other (Specify)		GARDENS	OF FATT			TIMORI	E, MD
	21. SIGNATURE OF FURERAL SERVICE	P SCENSEE)			NO AOORESS OF FA			
	10000			11/1/1	TH / DUGIETY	דא כוייואדום יו דא	TICALCO	
	23. PART I. Enter the discesses, shock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition reculting in death)	or complications that cause ure. List only one cause on a	eech line.	ot enter the mo	211 CHESZ de of dying, suc		237	
IFICALION	IMMEDIATE CAUSE (Finel disease or condition	a. PYEV DUE TO (OR AS	eech line.	12 of enter the mo	211 CHESZ de of dying, suc	ACO ave 212 th sa cardiec or reepirat	237	Interval Betw Onset and D
١	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. PNE U DUE TO (OR AS C. DUE TO (OR AS d	S A CONSEQUENCE OF: S A CONSEQUENCE OF: S A CONSEQUENCE OF:	12 ot enter the moder.	211 CHES/	ACO ave 212 th as cardlec or respirat	TOPSY	Interval Betw Onset and D
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DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PROPERTY AND THE CONTROL OF THE CONTROL OF THE HOSPITAL OR ATTENDING PRYSICIAN.

TO THE FUNERAL DIRECTOR AND THE CONTROL OF THE ATTENDING PHYSICIAN AND COMPLETED WITHIN TO THE FUNERAL DIRECTOR. AND THE CONTROL OF THE ATTENDING PROPERTY FOR THE ATTENDING PROPERTY OF THE CONTROL BALTIMORE, MARYLAND 21215-0020 DIVISION OF WITH RECORDS, P.O. BOX 68760

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HUSPITAL UR A TENTINA PIPE IN 18 18 FEQUIPES THAT THE DESTINCT	FUNERAL DIRECTOR AND THE CENTRAL HAS been signed by the attending ph	Health
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEI				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH		
	ERNA MAT		GETTE			10 01	1994	M		
	4. SOCIAL SECURITY NUMBER 266-26-7116			UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month_Day, Year) 04-30-19	10 N	BIRTHPLACE (State or Foreign Country) IRGINIA		
OR	99. FACILITY NAME (II not institution, give 110 GARRETT R		96	CITY, TOWN C	R LOCATION OF P	TE	9c. COUNT	NNE" ARUNDEL		
۲	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT									
- DIRECTOR	MARYLAND A	NNE ARUNDI		10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	100. STREET AND NUMBER 432 KINGWOOD	101. 211 0002								
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	r Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, atc.)								
	15. DECEDENT'S EDU (Specify only highest grade	UCATION le completed)	18a. DECEDENT'S USL (Give kind of work	done during mo-	N st of working	16b. KIND OF BU	ISINESS/INDUS	TRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +) N/A	life. Do NOT use re	HOLDI		BALT	MORE	SUN		
BE CO	17. FATHER'S NAME (First, Middle, Last) ANDREW	PETERSON			18. MOTHER'S NA	ME (First, Middle, Maide) (UNKNOW)				
5	19a. INFORMANT'S NAME (Type/Print) MILDRED L. ROG	GERS				Routa Number, City or To GLEN BUR		MARYLAND		
- 6	20er METNOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ram 4 Oonation 5 Office (Specify)		PLACE AND DATE OF D			10945/94% GI	EN BU	y or Town, State JRNIE, MD.		
	21. SIGNATURE OF FUNERAL SERVICE LE	CENTER		22. NAME AN	D ADDRESS OF FA	CILITY SINGLE	TON F	UNERAL HOME		
1	1	atto		GLEN	BURNI	E, MARYL	AND 2	1061		
	IMMEDIATE CAUSE (Final disease or condition	List only one cause on e	ach lina.		de of dying, suc	:h aa cardiac or reap	Hratory arres	Interval Between Onset and Daath		
	resulting in death)	a,	CONSEQUENCE OF):					4 years		
CERTIFICATION	Sequantially list conditions, if any, laading to immediate	b DUE TO (OR AS /	CONSEQUENCE OF):							
	cause, Entar UNDERLYING CAUSE (Disease or Injury that initiated evanta	C. DUE TO (OR AS /	CONSEQUENCE OF):							
	resulting in death) LAST	d								
⊌	PART II. Other algolificant condition	na contributing to death b	out not resulting in the	na underlylng	cause givan in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
PHYSICIAN: MEDIC						1 YES	2 DANO	COMPLETION OF CAUSE DF DEATH?		
Z Z	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? EXAMINER? HOSPITAL: OTHER:									
I X	1 UVES 2 NO 1 Inpatient 2 ER/Outpatiant 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify)									
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending Medical State of INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO									
	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide detarmined	Rural Route Number,								
	29a. CERTIFIER 1 CERTIFYING PNYS	SICIAN: To the best of my know	ladge death accurred at	the time date	and alone and dis-		uceveu.			
COMPLET		ER: On the besis of examination						ause(a) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIE	MD.			29c. LICENSE NUI			IGNED (Month, Day, Year)		
2	30, NAME AND ADDRESS OF PERSON WIN		ATH dTPs of T		D4085	0	10/	3/44		
	DR. YVONNE OT	TAVIANO, S	r. AGNES		TAL, 90	OO CATON	AVEN	JE, BALTO., M		
- 11	31. DATE FILED (Morith, Dey, Year) OCT 0 4 1994	32 REGISTRAR'S MGN	ATURE							

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N OF VITAL RECORDS, P.O. BOX 68760,

BALTIM

TO THE HISPITA OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the refer to feath. Page 6 may be retained by the hispitian.

TO THE FINERAL UNCORNER After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after that high better or the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: Illum 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG	ISTRAR		CERTIFICA	TE OF	DEATH		REG. NO			
1. OECEO	ENT'S NAME (First, Middle, Last)						OF OEATH		3.	TIME OF DEATH
Am	na Gens	ler Lean	and			MONTH	- 00		ZAR A	11:10 P
4. SOCIAL	SECURITY NUMBER		yrs. last birthday) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7 DATE (OF BIRTH			ACE (State or Foreign
217-	05-8138	1 - M 2 X	YRS. MONT		HOURS MIN.	(Month	Day, Year)	3	Country	D.
	TY NAME (If not institution, give a	reet and number)	9b.	CITY, TOWN OR	LOCATION OF O		1	9c. COUNT		
RESIDE 10a. STATI	CTVICW NG	g. Ctr.	f	saltin	nore.	E53	EX)	Bal	tim	nore
10a. STATI	10b. COUNTY		10c. CITY, TO	WN OR LOCATIO	PN .				10	d. INSIDE CITY
	10. BA	LTIMORE	E	SSEX					1	LIMITS?
100. STRE	67 Town.	SEND RD.		101. 2	21221			10g. CITIZE		T COUNTRY?
5 11. MARITA	AL STATUS	12. WAS DECEDENT EVER IN U		13. WAS DECE	OENT OF HISPA	NIC ORIGIN	? (Specify Yes		I. RACE -	American Indian.
	r Merried 2 Merried	FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, spec	NO Speci		ican, etc.)		Specify:	rhita, atc.
9	15. DECEDENT'S EDUC	CATION 1	6a. DECEOENT'S USUA	AL OCCUPATION		16b.	KIND OF BU	SINESS/INOUS	STRY	11-
₩ Elemen	(Specify only highest grade stery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work of life. Do NOT use retir	lone during most ed.)	of working					
Element 17, FATHER	5		HOME	MAKE	R					
0 17. FATHER	R'S NAME (First, Middle, Last)	2			16. MOTHER'S NA	AME (First, N	liddle, Maiden	Surname)		
H E	DWARD G	SENSLER			BAKL	BARA	AP1	CE		
19a. INFO	RMANT'S NAME (Type/Print)	1100	19b. MAILING AOO	RESS (Street and	Number or Rural	Route Numb	er, City or Tow	n, State, Zip C	ode)	110 7 1
ED	WARD LED	NAPD	3677	6 CUNS	END	BA	2/10.	MD	1.71	124
1 X Burle	IOD OF OISPOSITION II 2 Cremation 3 Remotion 6 Other (Specify)		LACE AND DATE OF DIS		1 10	OATE	20c. LO	CATION - CH	y or Town,	11/12
21. SIGNA	TURE OF TUNERAL SERVICE LIC	ENSEE	11	22. NAME AND	ADDRESS OF F	ACILITY	71 10	70,0		21274
I	Homas	1 Ales 1	2-6.	11/15	ander -	TVn.	ONO E	-11 2	012	HUDSONS
23 PAD	I Enter the diseases dis	omplications that several to	to South South	TUFF	TAND	JAM	WH	-H- J	NIO ,	
25. FAR	ahock, or heart failure.	complications that caused to List only one cause on each	h line.	nter the mode	e or dying, suc	ch aa card	lac or reap	ratory arres	it,	Approximata Interval Between
	ATE CAUSE (Final or condition	Ad 1001	0 (1)	2001	1-					Onset and Deat
	In death)	- Teruscleritic	CHANGERY VI	ulivai d	reall					
		OUE TO (OR AS A C	ONSEQUENCE OF):							
	laily list conditions,	DUE TO (OR AS A C	ONSEQUENCE OF							
K cause. E	ading to immediate									
CAUSE (Disease or Injury ated events	OUE TO (OR AS A C	ONSEQUENCE OF):							
resulting	In death) LAST		·							
۳ <u> </u>										
A PART II.	1.000	a contributing to death but			cause given in	Part I.	24a. WAS AN			ERE AUTOPSY FINDINGS
MEDICAL MEDICAL	2170 Valla 100 8	ntillies could be	Dorecoon	2			1 YES 2	V NO	CC	MPLETION OF CAUSE OEATH?
- Bicel	edas							(YES 2 NO
ÿ										
₹ 25. WAS C	ASE REFERRED TO MEDICAL	HOSPITAL:			CE OF DEATH (C/	heck only one)			
S 1□1	ES 2 NO NO	1 Inpatient 2 ER/Outpati	ent 3 DOA 4	MER: Nursing Home	5 🗆 Residence	8 🗆 Other	(Specify)			
0 40	R OF OEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJUI	RY AT	28d. OES	CRIBE HOW I	NJURY OCCU	REO	
- W.	itural 5 Pending investigation				S 2 NO					
									e Number,	
4 🗆 🕂	omicide detarmined					Only 6	N NOWIL STATES			
29a. CERT (Check one)	FIER 1 PCERTIFYING PHYSI	CIAN: To the best of my knowled	ige, death occurred at	the time, data as	nd place, and due	to the cau	se(a) and ma	mer as stated		
one)		R: On the basis of examination a								nd manner as stated.
	TURE AND TITLE OF CERTIFIER				29c, LICENSE NU		The Nation			onth, Day, Year)
m / /	lice 0 3100	- A 1 1 A			D191	-()	100	DATE S	1	3 (C4.
30. NAME	Consect I I Con	O COMPLETEO CAUSE OF OEATI	H (ITEM 27) (Time Dies		-(16	100		-	101.	>()4.
)	C. C. SHOE OF VERI	ary (19pm, 17th)							
31 DATE E	ILEO (Month Day Year)	32. REGISTRAR'S SIGNATI	IDE							
	To (Moran, Day, Year)	Services Franchis	tadd.							

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	TO THE HOSPITAL OF ACTION OF PHYSICIAN; The law requires that the death	atte	mta!	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or
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SALVACION A.

31. DATE FILEO (Month, Day, Year)

OCT 0 4 1994

DUPAYA,

M.D./1720 CRAIN HWY.,S.,

32. REGISTRAR'S SIGNATURE

											-	1 FF	2898U
	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAR	TMENT	OF HI	EALTH DEAT	AND I	MENTAL	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. OATE	OF DEATH	<u> </u>		3. TIME OF DEATH
	GEORGE W			ĩΛ	MP.	ID			MONTH			YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX 6	AGE (In yrs. last		IF UNDER	JR 1 VEAR T	IF UNDER	24 HDC	7. DATE (30	9		6:58 PM M
	212-09-7107	1X M 2 F	80	YAS.	MONTHS	DAYS	HOURS	MIN.	(Month	Day Year)	1914	Counti	yland
1	9a. FACILITY NAME (If not institution, give s				D. O.T.	201121 01				231.			
<u>α</u>					96. C/11,	IOWN O	R LOCATIO	ON OF DE	EATH		9c. COU	NTY OF D	DEATH
DIRECTOR	NORTH ARUNDEL HOS	SPITAL ASS	<u>OCIATIO</u>	N	GLI	EN BI	URNI	E			L_A	.A.	COUNTY
l m	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCATI	ON						10d. INSIDE CITY
H	Maryland Anne	Arundel			Pasa	dena							LIMITS?
	10e. STREET AND NUMBER					_	ZIP CODE	E			10a. CIT	IZEN OF V	WHAT COUNTRY?
18	321 Bar Harbor Ro	oad				2	1122)					States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. YARI	MEO	13. V	WAS DECE	NDENT O	F HISPAN	VIC ORIGIN	(Specify Yes			E — American Indian,
	1 Never Married 2 Married	FORCES? 1 FYES, GIVE WAR		0		yes, spe	city Cubar 2 NO	n, Mexica	n, Puerto R	Ican, etc.)		Speci	k, White, etc.
ВУ	3 Widowed 4 Olvorced							opoony	,			эрис	White
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MP I	11			Mac	hini	st				Ste	eel F	'acto	ory
COMPLET	17. FATHER'S NAME (First, Middle, Last)	1 d = T							ME (First, M	iddle, Maiden			
BE	George Will	Liam L	amp, Sr	•			Ma	ry		Lou	ise		Sturgeon
70	19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS	(Street an	d Number	or Rural F	Route Numb	or, City or Tow	n, State, Zij	Code)	
-	Ms. Phyllis Rice		95	18 F	erry	Hal	1 Bl	vd.	Apt.	103	Balt	imor	e, MD.21236
	20s. METHOD OF DISPOSITION 1.A Burial 2 Cremation 3 Rem	oval from State	20b. PLACE A	ND DATE	OF DISPOSI	TION (Nan	ne of		OATE	20c. LO	CATION	City or To	own, State
	4 Donation 5 Other (Specify)		cemetery, crem Imma	nuel	Ceme	eter	У		10/4	/94 Ba	altim	ore,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENTREE	1//		32. MC	Cul	AOORES	ss of fac	al Ho	ome of	Pas	aden	na .
	1 /alonia	Ostini	ih)		320	04 M	ount	ain	Road	Pasad	dena,	MD.	21122
	23. PART I. Enter the diseases, or	complications that o	caused tha dea	th. Do r									Approximate
	shock, or haart fallura. IMMEDIATE CAUSE (Final	List only one csuse	on aach lina.		/3								Interval Batween Onset and Dasth
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	resulting in death)	a	R AS A CONSEO	-	<u>ر</u> از		001	0 /	700	pa	100	7	
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Ē	that initiated events	OUE TO (O	R AS A CONSEO	UENCE OF):								
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ă		1797	Fery	100					-	1 YES 2	NO		DF DEATH?
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ž	DID TOBACCO USE CONT	RIBUTE TO CAU			S D N		UNC	ERTAIN	<u> </u>				
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ᆵ	1 Natural 5 Pending	/ 28m. DATE OF IN (Month, Day,	JURY Year)	28b. TIM	E OF URY	28c. INJU WOR	IK?		28d. DE\$0	PIBE HOW I	NJURY OC	CURED	
l la	2 Accidant Investigation				М		S 2 _	NO					
	3 Suicide 6 Could not be	26e. PLACE OF I building, ato	NJURY — At hon c. (Specify)	na, larm, s	treel, facto	ry, office			26f. LOCA City o	TION (Street a Town, State)	ind Number	or Runal F	Route Number,
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릴		CIAN: To the best of m											
COMPLETED	one) 2 MEOICAL EXAMINE	R: On the basis of axan	mination and/or in	rveatigatio	n, In my op	inlon, de	eth occure	ed at the	lime, date a	and placa, an	d due to th	na ceuse(a	a) and manner as stated.
w l	296. SIGNATURE AND TITLE OF CERTIFIE	8	A.				29c. LICE	NSE NUM	1BER		29d. DAT	E SIGNEO	(Month, Day, Year)
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IF	30. NAME AND AODRESS OF PERSON WH	O COMPLETEO CAUSE	OF DEATH INTEM	27) (No.	Print)	100			,			-	1

#204/GLEN BURNIE, MARYLAND 21061

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO

	Lammarin	- M T -)							MONTH	OF DEATH	AY	YEAR	1 - 1 O
	Lorraine 4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. Is	est birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE (F BIRTH	L	94 B. BIRTHPL	1:10 ACE (State or F
	215-12-8405	5	1 🗆 M 2 📉 F	7	2 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year) 22-22		Country)	Md.
- /	9a. FACILITY NAME (# not		atreet end number)			9b. CITY	r, TOWN	OR LOCATI	ON OF DE			9c. COUNT		
DIRECTOR	St. Joses	oh Hos	р									В	alto	
<u> </u>	10e. STATE	10b. COUNT			10c, CIT	ry, town (OR LOCA	TION				-	10	Od. INSIDE CIT
PIR	Md.	1000					Balt							LIMITS?
	10e. STREET AND NUMBE	R						1. ZIP COD	E			10g. CITIZE		AT COUNTRY?
ER	5903 Lillya	an Ave						21	206				USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 FORCES? 1 YES 2 FORCES? 1 YES 2 FORCES? 1 YES 2 FORCES? 1 YES 2 FORCES?					ED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify					(Specify Yes	o or No— 1	I4. RACE — Black, \ Specify:	- American Ind White, atc. White
8	15. DE	ECEDENT'S EDI	UCATION to complete of		ECEDENT'S					16b.	KIND OF BU	SINESS/INDU	STRY	
COMPLET	Elementary/Secondary		College (1-4 or 5		Give kind of le. Do NOT u	work done ise retired.)	during mo	ost of worki	ng					
MP	10				Waitr	ess					Hec	cht Co		
8	17. FATHER'S NAME (First,							18. MOT	HER'S NAI	ME (First, M	iddle, Maiden	Sumame)		
BE	Elmer L. Co		•							t Wha				
0	190. INFORMANT'S NAME											rn, State, Zip C		01004
	Mary Jane I			-	_				е Ар			vson,		
	20a METHOD OF DISPOSE Dispose 2 Cremat Donation 6 Other	tion 3 🗌 Rer	movel from State	20b. PLACE cemetery, cr	rematory or o	other place)			10 5	DATE		CATION CI		, State
	21. SECONATURE DE-LUNER		ICENSEE	- Mor	eland			ND ADDRE			Ва	lto.,	Md.	
d	10	10.	101	20						r In	2.			
7	23. PART I. Enter the shock, or	X	my 26	ge	_	6	415	Bela	ir R	d. B	alto.	Md.	2120	6
	resulting in death)	→	a. Book DUE TO	Chro LL		blet	ren	٠م						2 wh
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OF ATTENDIANS. The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIPS OF ARE THE CONTROL OF THE BOARD OF THE ATTENDIAN OF THE STANDARD OF THE PROPERTY OF THE PR

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTION					IOAII	_ 01	DLA	111	HI	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MOUTH AND THE OF DEATH MOUTH AND THE OF DEATH											3. TIME OF OEATH		
	PAUL T. 1										10.31 M			
	4. SOCIAL SECURITY NUMBER		5. SEX 8. AGE (In yrs. last		ast birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH				
	719-16-9108		1¥ M 2 □ F	62	62 YRS.		DAYS	78 HOURS MIN.		(Month, Day	(Month, Day, Year)		Country	')
	9e. FACILITY NAME (If not institution, give street and number)					0.000	9b. CITY, TOWN OR LOCATION OF OEATH							
الصا	University of Md. Hospital					90. CITY					9c. COU	NTY OF OE	HTA	
ᅙ	UNIVERSITY (oi Md.	Hospita	.1			Bal	timor	e Ci	A BOLEN TO ATE OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16c. LOCATION (Street and Number or Rural Route Number, City or Town, State) 10 Security State) 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 11 Security Specify 12 Security Specify 12 Security Specify 12 Security Specify 13 Security Specify 14 RACE — American India Sieke, White, etc. Specify White 16 Security Specify 16 Security Specify 17 Security Specify 18 Security Specify 19 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 11 Security Specify 12 Security Specify 12 Security Specify 13 Security Specify 14 Security Specify 15 Security Specify 16 Security Specify 16 Security Specify 17 Security Specify 18 Security Specify 19 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 11 Security Specify 12 Security Specify 12 Security Specify 13 Security Specify 14 Security Specify 15 Security Specify 16 Security Specify 16 Security Specify 16 Security Specify 17 Security Specify 18 Security Specify 19 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 10 Security Specify 11 Security Specify 1	A			
<u>ပြု</u>	10e, STATE	10b. COUNTY	v		100 CIT	Y, TOWN (201001						Sentifulace (State or Foreign Country) W. V. V. COUNTY OF OEATH N/A 10d. INSIDE CITY LIMITS? 10d. VES 2 \(\) NO COUNTY OF OEATH N/A 10d. INSIDE CITY LIMITS? 10d. VES 2 \(\) NO COUNTRY? U. S. A. O. CITIZEN OF WHAT COUNTRY? U. S. A. O. H. RACE — American Indian, Black, White, etc. Specify: White S/INDUSTRY Truction Ine, Zip Code) ON — City or Town, State MOTE Md. Lerick Ave. & Lerick Ave.	
DIRECTOR	2:11:22	100. 000111	,					ION						
	Md.		N/A		В	altin	ore							1 X YES 2 NO
₹I	10e. STREET AND NUMBER						101	r. ZIP COO	E			10g. CITI	IZEN OF W	HAT COUNTRY?
FUNERAL	512 Brunswick StBaltimore, Md.						_ _	2	21223	II. S.			Δ.	
3	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	WAS OEC	ENCENT C	F HISPAN	IC ORIGIN? (Sp	ecify Yes		14. RACE	- American Indien.
	1 Never Married 2 1	Merried	FORCES? 1	YES 2	NO		If yes, sp	ecity Cube	n, Mexicer	n, Puerto Ricen	etc.)			
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COMPLETED	17. FATHER'S NAME (First, Mic							18. MOTI	HER'S NAM	ME (First, Middle	, Meiden	Sumame)		
BE	Richard	S. McG	rady					Or	ra Bo	olen				
	19e. INFORMANT'S NAME (Ty	pe/Print)		1	9b. MAILING	AODRES	S (Street a	and Number	or Rural A	Route Number, Ci	ity or Town	n, State, Zip	Code)	
2	Cora Shrew	sbury		F	.0.]	28-F	[edg	esvi]	lle.	W. Va.	25/	127		
	204. METHOD OF DISPOSITIO	ON										1777	City or Toy	NO State
	1 Suriel 2 Cremetion 4 Donation 5 Other		oval from State	cemetery, c	rematory or o	ther place)			70 4	OATE		JANON —	City of 10s	ni, state
	21. SIGNATURE OF FUNERAL		CHREE	- Loud	on Pa	rk C	eme	cery	10-4	-194	Bal	timo	re.	ild.
		. SERVICE DI	DENGEE			22.	NAME A	57 TR	ss of fac	MORE M	2 FI	reder	Diko	Ave. &
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				t caused the d	leath, Dori	not winter	the mo	rde of dv	on such	h as cardiac	or manh	retory an	teet	1 Approximate
	shock, or heart failure. List only one cause on each line.													
	IMMEDIATE CAUSE (Fin	al	/	Ceute Columbia	Onset and Death									
	disease or condition resulting in death)	+		Juli	~			000		u				
	DUE TO (OR, AS A COMMEQUENCE OF):													
z														
EDICAL CERTIFICATION	Sequentially list condition if any, leading to immed	ona,	DUE 70	(OR AS A CONS	EQUENCE O	F):								
8	cause. Entar UNDERLYII	NG 🌽								\ /				I
E	CAUSE (Disesse or injur that initiated events	у 🔪	OUE TO	(OR AS A CONSI	EQUENCE O	F):				-				1
토비	resulting in death) LAST		Q.											1
핑	()	•	d	(
4	PART II. Other significan	nt condition	s contribution 19	death but not	Topulting	in the ur	derlyin	g cause (given in I	Part I. 24a.			24b.	WERE AUTOPSY FINDINGS
8	u	1RC	10100	100	1									
<u> </u>		1				_	_			- 10	YES 2	NO.		
Σ		,												1 - YES 2 - NO
z	DID TOBACC	O) USE	CONTRIBUT	E TO CA	USE O	F DEA	HT	YES [] NO					
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL		/			28. PI	LACE OF O	EATH (Che	ock only one)				
S	1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHEI		ne 5 □ Re	aldence	6 ☐ Other (Spe	acifu)			
Ť	27. MANNES OF OEATH		28e. DATE OF	INJURY	28b. TIM	E OF		URY AT				JURY OC	CUREO	
	1 Netural 5 F	Pending	(Month, D	lay, Year)	IN.	JURY	WC	PRK?	۱ ۵۰۰				JULIE	
1	E PEDINGGIN	nvestigation	200 DI ACE O	E IN HIPM A. A.] 100					
g		Could not be letermined	building,	F INJURY — At h etc. (Specify)	ome, term,	street, lect	ory, offic	•	1	26f. LOCATION City or Tox	(Street a	nd Number	r or Rural Ro	oute Number,
	Tomorae													
COMPLE	290. CERTIFIER 1 CERTI	FYING PHYSI	CIAR To the best of	my knowledge, d	leath occurr	ed at the t	ime, date	end plece	end due	to the cause(s)	end men	ner ee stal	ted	
Σ	CERTIFIER CONTROL OF THE DESIGNATION TO the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end menner es stated. CERTIFYING PHYSIGNATION TO the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner es stated.													
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BE	296. SIGNATURE AND TITLE	OF CERTIFIE	Made	11021	N	116	0	29c. LICE	ENSE NUM	BER	0	29d. OAT	E SIGNED	(Month, Pey, Year)
TO E			120	1000	1 14	~	グ・	1	16	150	0		10/	2/44
=	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type	Print)	111-	0.10	h	A 1 1	_		1 -	
1	ELIMO C	(TAK	474	160	200	1	IKS	MR	U K	ACH	0.1	raj c	7	2003
	31. DATE FILEO (Month, Days)	par)	/ / /	F'S SIGNATURE					- 1	,				
	OCT 0 4 19	94 (John Dance	efor-Rondo	ب				,					
- 0		I.		1										

BALTIMORE, MARYLAND 21215-0020

P.O. BOX 68760. DIVISION OF VITAL RECORDS,

executed with requires that the death certificate be HOSPITAL DR ATTENDING PHYSICIAN: The law

Pages 1, 2, 3 should permit. burs after death. Page 8 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-transit notified at e must examiner medical filled in by 0 the cremation, completely traumatic event, and com attending physician a mtal Hygiene prior to physician a other t 6 Mental 23 shows any Injury, the signed by the has been Dept. of ltem. r this certificate his with the State D the 0 marked, After the 60 DIRECTOR: A hours after of item 28 is TO THE HOSPITAL (
TO THE FUNERAL D
be filed within 72 h
IMPORTANT: If It

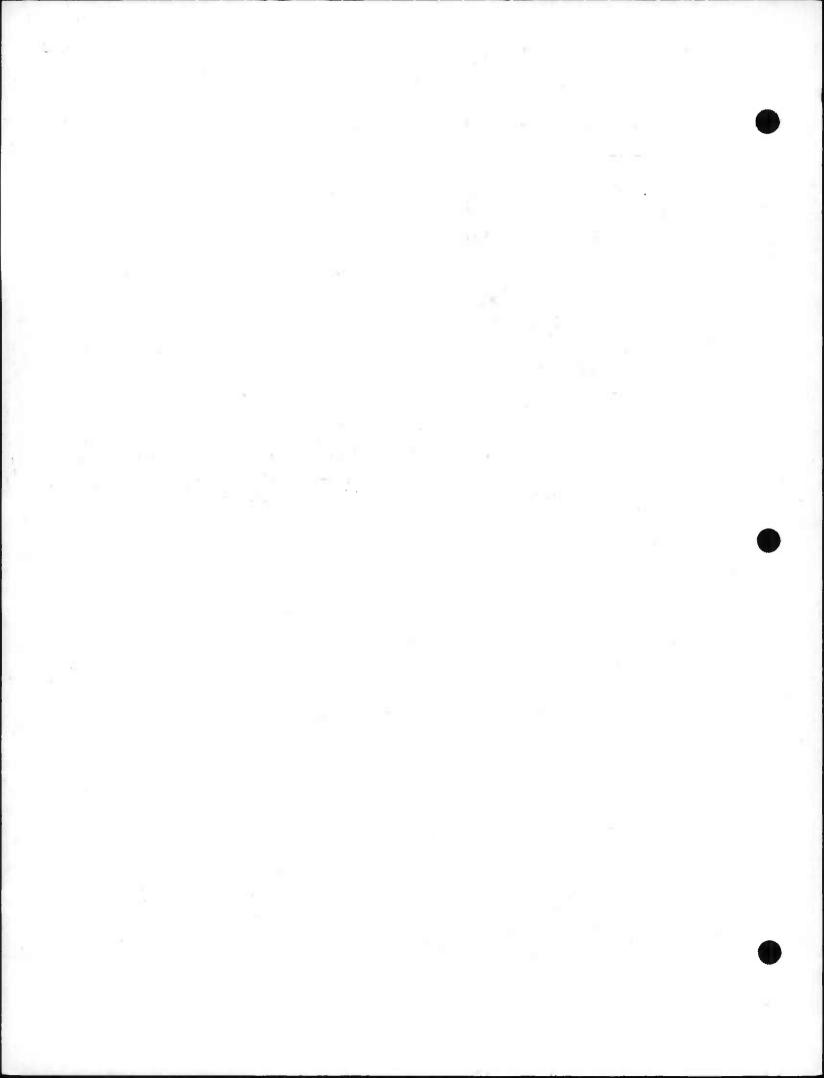
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH McElwee Emma Jane 14:30 10 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 09/13/1900 217-14-3529 1 M 2 X F 94 DAYS HOURS YPS Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Agnes Hospital Baltimore City RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maruland Baltimore ESSEX 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 32 Berkshire Road 21221 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Notityes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2/ NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY Specify: 3 ℃ Widowed 4 □ Divorced White COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade of Elementary/Secondary (0-12) College (1-4 or 5+) Elementary Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John G. Carter Sarah E. Colhouer BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Alvina Roper 32 Berkshire Road Essex Maryland 204. METHOD OF DISPOSITION
1 Durial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Lawn Cemetery 10/04/94 Baltimore. Maruland 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Cohney 7922 Wise Ave. Dundalk, Maryland 23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 24s. WAS AN AUTOPSY COMPLETION OF CAUSE 1 TYES 2 NO DE DEATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only or SPITAL **EXAMINER?** HOSPITAL: Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL mination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENȘE NUMBER BE 29d. DATE SIGNED onth, Day, Year) 8 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE, OF DEATH (ITEM 27) (Type, Print)

MA

32. REGISTRAR'S SIGNATURE

Jahr Davilson Roydell



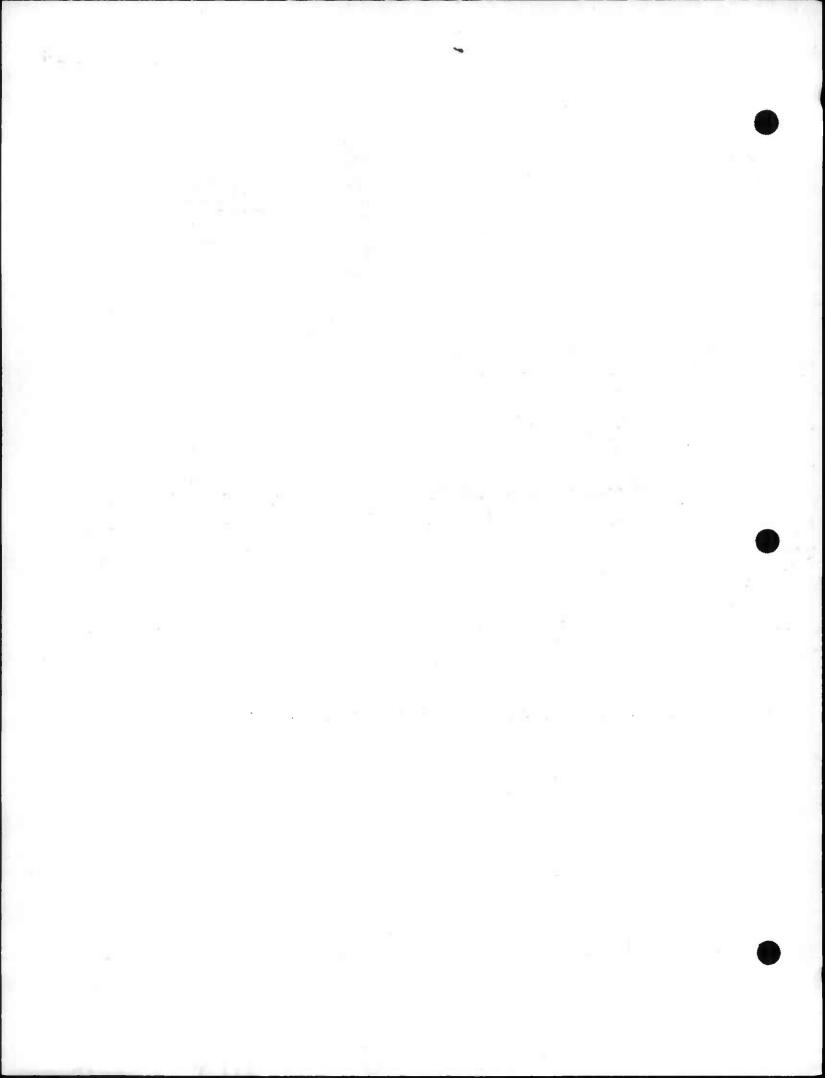
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

REGIST	RAR		CERTIFICATE OF DEATH REG. NO.										
1. DECEDENT	NAME (First, Middle, Last)		5115		2. DATE OF DEATH MONTH DAY YEAR			3. TIME OF DEATH					
4. SOCIAL SEC	URITY NUMBER		E (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, Da	y, Year)	Country	ACE (State or Foreign				
	AME (If not institution, give	street end number) 05 pi fal		77	R LOCATION OF DE		/	NTY OF DEA					
RESIDENCE 100. STATE	10b. COUNT	ry	10c. CITY	TOWN OR LOCAT	imore				Od. INSIDE CITY LIMITS? YES 2 NO				
100. STREET A 13 3 11. MARITAL S	3 W37	Street	Balt.	md. 101.	ZIP CODE	10g. CITIZEN OF			JSA				
3 Widowed	ATUS rried 2 Merried 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, spe	ENDENT OF HISPAI city Cuben, Mexice 2 NO Specif								
Elementary 17. FATHER'S N	15. DECEDENT'S EDI (Specify only highest grad Secondary (0-12)		life. Do NOT use	ork done during mos	N it of working	16b. KIND OF BUSINESS/INDUSTRY							
	AME (First, Middle, Last) Tence Gio	ddings				ME (First, Middi	e, Malden Sumame)	der					
19e. INFORMA	it's NAME (Type/Print) Seph Mart:	in, Jr.					Columb:	Code) Z	Apt. 12 4D 21044				
20e. METHOD	OF DISPOSITION Cremation 3 Rar 5 Other (Specify)	2	Ob. PLACE AND DATEO emetery, cremetery or oth Gardens	F DISPOSITION /Ne	me of	DATE 0/3	20c. LOCATION -	City or Town	, Sfate				
21. SIGNATURE OF FUNERAL SERVICE YCENSEE LICLY LENS Carperla 22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home 3631 Falls Rd Balto., MD 21211													
IMMEDIATE disease or o	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert fallura. List only one cause on each lina. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Put To (or as a consequence of):												
If eny, leeding ceuse. Enter CAUSE (Disaster Initiated	Sequentially list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
0	ar eignificant conditio	ns contributing to death	ceuse givan in				ERE AUTOPSY FINDINGS						
DID TO	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO												
EXAMINER 1 (YES		HOSPITAL:		OTHER: 4 Nursing Home	ACE OF DEATH (Ch								
27. MANNER O 1 Natura 2 Accide	5 Pending	28e. DATE OF INJURY (Month, Day, Year,	JRY AT RK?	28d. DESCRIBE HOW INJURY OCCURED									
3 Suicid	o Coold Hot be	28s. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, st pecify)	treet, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
29e. CERTIFIEF (Check only one)		SICIAN: To the best of my kno ER: On the besis of examinat							nd manner ae stated.				
29b. SIGNATUR	E AND TITLE OF CERTIFIE	Summer 1	ug		29c. LICENSE NUI		29d. DAT	9/30/	fonth, Day, Year)				
		SUDDESS, M	_		SP OF	BMT							
31. DATE FILED	(Month, Day, Year))C环 (4 1994		CHATURE					· ·					





BALTIMORE, MARYLAND 21215-0020

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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DCT. T994 Mary Joyce Meade 3, 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. Feb. 21 213-28-7150 1 M 2 TE 61 YRS. 1933 Maryland Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Anne Arundel Medical Center Annapolis Anne Arundel RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10b COUNTY 10d. INSIDE CITY Anne Arundel Annapolis 1 CYES 2 NO permit. FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 312 Riverview Avenue 21403 USA burial-transit Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 TO NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried It vee, specify Cuben, Mexican, Puerto Rican, etc.) 1 TYES 2 NO Specify Specify: White BY 3 Widowed 4 Divorced as the 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working ED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY use (Specify (Give kind of work done during life. Do NOT use retired.) Е page 5 should be detached for Elementary/Secondery (0-12) College (1-4 or 5+) COMPL 12 Medical Secretary Medical ONCE. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Sumeme) James E. Emerick Sr. notified at Mary Cadle BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 9 312 Riverview Ave. Annapolis, MD 21403 Gerald Alan Meade Sr. pe 20e. METHOD OF DISPOSITION
1 Surlei 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c, LOCATION - City or Town, State must funeral director, cometary, crematory or other place! Maryland Veterans Cem. Donation 6 . Other (Spe Crownsville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE medical examiner 22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P. A. 12 Ridgely Ave. Annapolis, MD 21401 completely filled in by the after 23. PART I. Entar the disease ses, or complicationa that caused the death. Do not anter tha moda of dying, such as cardiac or reapiratory streat, Approximata ahock, or hasrt failure. List only one cause on each line intarval Batwean 6 IMMEDIATE CAUSE (Final **Onaat and Daath** the cremation, disease or condition . Metastatic adeno curamoma o reaulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): executed to burial. CERTIFICATION Sequantisly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate physician prior certificate be cause. Enter UNDERLYING other CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF)that initiated events attending resulting in death) LAST 0 the atten PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERF AUTOPSY FINDINGS signed by the Health and M AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMEO? 1 TYES 2 NO 1 | YES 2 | NO t. of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN Dept. 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one, this certificate h Item HOSPITAL OTHER: ATTENDING PHYSICIAN: 1 YES 2 NO Inpatient 2 - ER/Outpatie 4 - Nursing Home 5 - Residence 8 - Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUREO marked. 1 Natural 5 Pending 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 92 6 Could not be ED DIRECTOR: after 4 Homicide 28 COMPLET hours item 80 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner ee stated. TO THE FUNERAL C TO THE FUNERAL C be filed within 72 h (Check only one) 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, data and piece, end due to the cause(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE D38526 10/3/94 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) -15A 32 REGISTRAR'S SIGNATURE

which Dendem-R

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician.

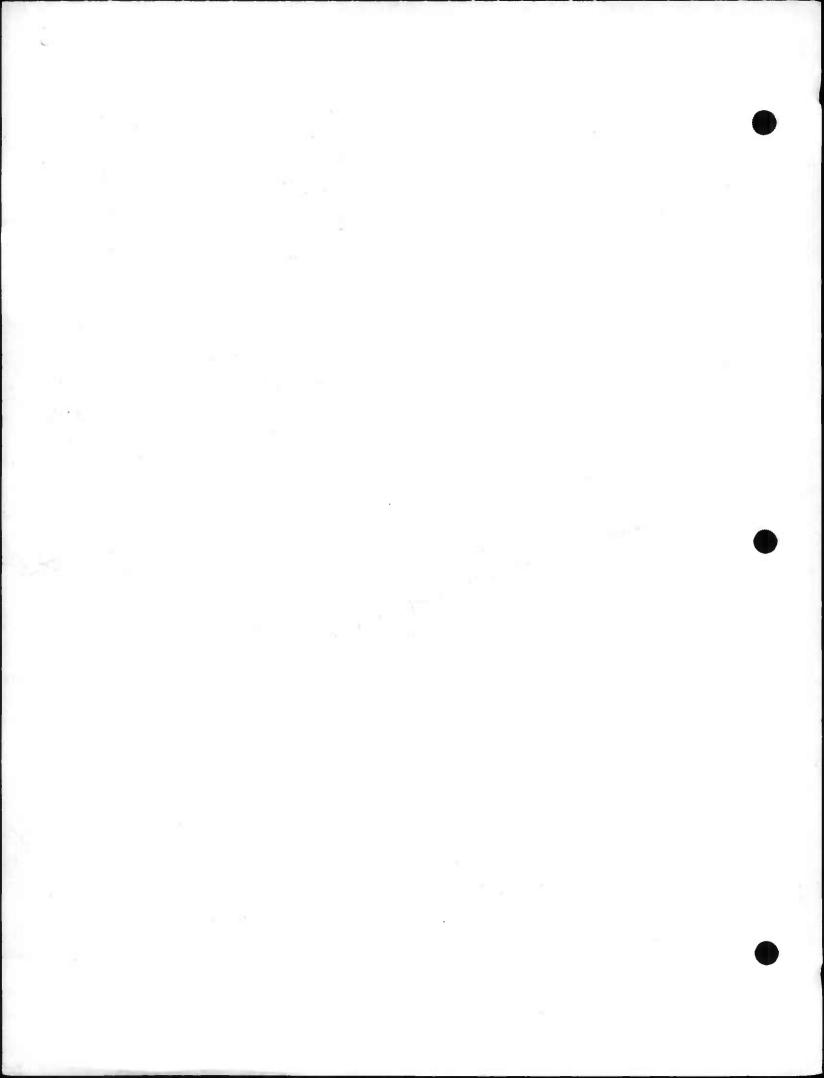
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	TIEGISTITATI				OLATII	ICAI		DEM	l III	HEG. NO			
	1. OECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
	JOSEPH	LES		MONTH October					1, 1994 7:30 A M				
	4. SOCIAL SECURITY NUMBER 5. SEX			6. AGE (In yra	IF UNDER 1 YEAR IF UNDER 24 HRS.			7 DATE OF BIRTH		B. BIRTHPLACE (State or Foreign			
	577-38-1492 1 🖫 M 2 🗆 F			66 yas.		MONTHS					Washington, D		
5	Perry Point Veteran M			Mem.	Ctr.		9b. CITY, TOWN OR LOCATION OF GEATH Perryville			EATH		onty of o	County
БI	RESIDENCE OF DEC												
DIRECTOR	10e. STATE MD	E C	dgew	ate	T					10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO			
FUNERAL	100. STREET AND NUMBER 466 Rive		101. ZIP COOE 2103 5					109. CITIZEN OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	T EVER IN U.S VES 2 AR OR OATES 49	□ NO							o- 14. RACE - American Indian, Black, Whita, aic. Specify: White			
COMPLETED	(Specify only	EOENT'S EOUC highest grade	ATION		Give kind of	work done	during r	ION lost of working	ng	16b. KINO OF BU	SINESS/IN	OUSTRY	
MPLE	Elementary/Secondary (0		College (1-4 or 5)				fset	Pr	essman	Pri	inti	ng
00	17. FATNER'S NAME (First, M. Joseph Jol		les			18. MOTNER'S NAME (First, Middle, Maiden Surname) Ethel Maddox							-
TO BE	19a. INFORMANT'S NAME (F		3		19b. MAILING	Riv	S (Street	and Number	or Rural	Route Number, City or Tow .Ve, Edge	n, State, Zi	Code)	MD 2103
	20a. METNOO OF OISPOSITE	ION			CE AND OATE	OF OISPO	SITION (-	<i>D 1</i>			City or To	***
	Donation 5 Other	(Specify)			v cremetory or c			ans	Cen	Cro	wns	/ill	e, MD
	21. SIGNATURE OF FUNESIA	L SERVICE LIC	ENSEE	0				NO ACORE		neral Ho			
	LUL	Lew	W =	2/6	SING								MD 21401
	23. PART I. Entar the di shock, or h IMMEDIATE CAUSE (Fir diseese or condition resulting in deeth)	eert failure. I	DNUU	nomia	iine.		r tha m	ode of dy	ing, suc	n as cardiac or resp	ratory ar	rest,	Approximata intervel Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST												
- 11	PART II Other elevition	mt condition		double to a									
EDICAL	PART II. Other significant conditions contributing to death but not resulting Alzheimen disland						nderlyii	derlying couse given in Part i. 24a. WAS AN AUTOPS PERFORMEO? 1 XYES 2 NO			MEO?	Y 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: ME	1 VES 2 NO												
N N	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL						PLACE OF 0	EATN (Ch	eck only one)			
2	1 ☐ YES 2 ☐MO		HOSPITAL:	ER/Outpatien	nt 3 🗆 DOA	OTHE 4 - Nu		me 5 🗆 Rı	sidence	6 Other (Specify)			
		Pending Investigation	26a. OATE OF (Month, D		26b. TIR		28c. IN	JURY AT ORK? YES 2	33	28d. OESCRIBE NOW	NJURY OC	CUREO	
ED BY	2 Accident 3 Suicide 6 4 Nomicide	it home, farm,	street, fac				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
4	29a, CERTIFIER												
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner as stated.												
	29b. SIGNATURE AND TITLE	29b. SIGNATURE AND TITLE OF CERTIFIER							ENSE NUI	MBER	29d. OATE SIGNEO (Month, Day, M		
20 20	Cather Washon MID					D41982				10/1/94			
=	30. NAME AND ACORESS OF PERSON WNO COMPLETED CAUSE OF CEATN (ITEM 27) (Type, Print) CATHERINE WASHBURN, M.D., VAMC Perry Point, MD 21902												
	31. DATE FILEO (Month, Day,	WASH	\$2, REGISTRA	R'S SIGNATUR	RE .	rel	- т У	FOI	11,	FID 2190			
	OCT U 4	1994	John Dan	Jens-Re	Add								



1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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TICON OF THE MECONDS, T.O. BOX ON ONLY	DR ATTENDING PHYSICIAN
	OR

MORRIS JOHN 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 579385128 DAYS HOURS 3 1 M 2 - F YRS permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 482 Severnside <u>Severna Park</u> 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Anne 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 46 use as the burial-transit Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS FORCES? 1 YES 2
IF YES, GIVE WAT OR DATES 1 Never Married 2 Merried BY 3 ₩ Widowed 4 Divorced 1943-46 COMPLETED 15. DECEDENT'S EDUCATION secify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Spe page 5 should be detached for ndary (0-12) College (1-4 or 5 +) Sales 12 4 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Morris notified at BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Marion Overman 388 Holy Trail, Crownsville, P 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must 200. METNOD OF DISPOSITION

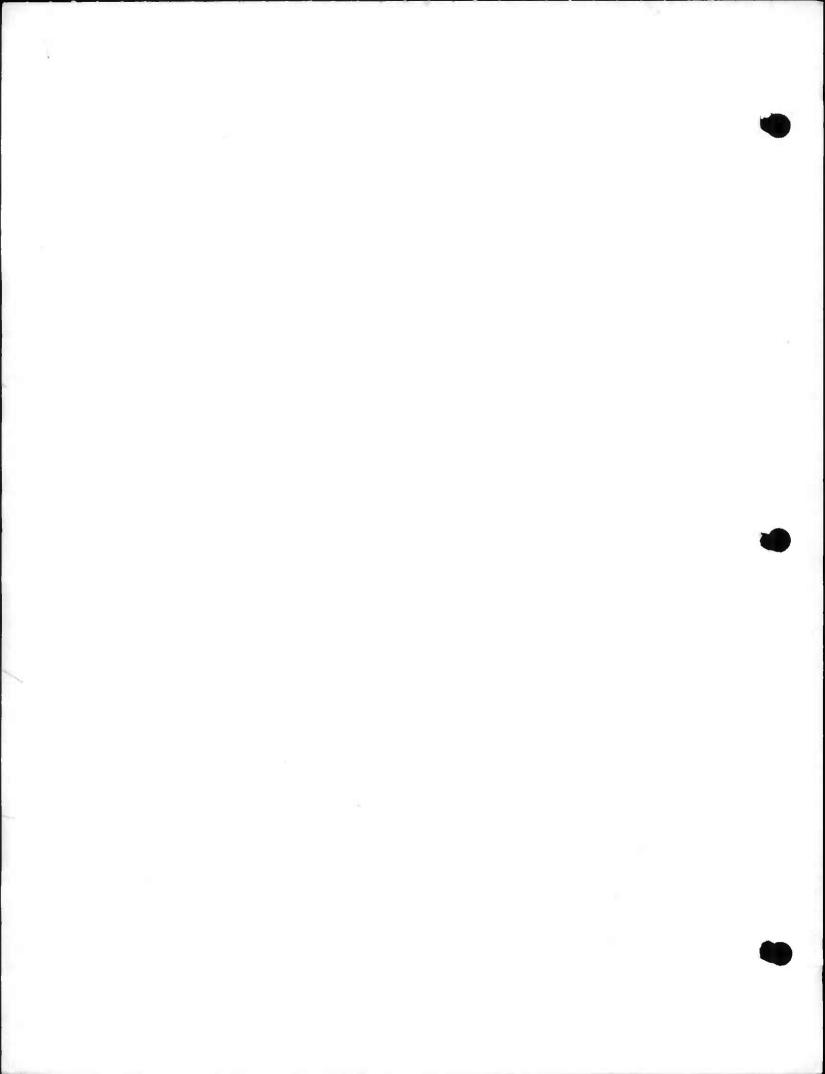
1 Buriel 2 Cremation 3 Removal from State

4 Donation 5 Other (Specify) funeral director, Metro Crematory examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Œ, Hardesty Funeral Home, P.A. the 12 Ridgely Ave. Annapolis, medical 23. PART I. Enter the diseases, or compile tions that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, ehock, or heart feliure. Liet only one cause on each line. in by 6 IMMEDIATE CAUSE (Fine) and completely fille burial, cremation, the diseese or condition Judder reculting in death) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to AJ CAUSE (Disease or Injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST Surpe 6 Injury, (PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL been signed by or. of Health and shows any in Dept. certificate h
the State D
or Item 2 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF JNJURY 26c. INJURY AT with w WORK? 1 Natural 1 YES 2 NO After t BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, stc. (Specify) 3 Suicide 99 8 Could not be DIRECTOR: / hours after of item 28 is COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se stated. FUNERAL I = 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER 띪 표 2 2 3 9 RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 AEGISTRAR'S SIGNATURE

CERTIFICATE OF DEATH

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH 3. TIME OF DEATH YEAR 1994 Sept. 30 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 141 9c. COUNTY OF GEATH Anne Arundel 10d. INSIDE CITY 1 YES 2 NO 10g, CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: White 16b. KIND OF BUSINESS/INQUISTRY Real Estate Sarah Agnes Von Derlehr 21032 20c. LOCATION — City or Town, State Baltimore, MD Approximete Interval Between Onset and Death -104 Move 24s. WAS AN AUTOP WERE AUTOPSY FINDINGS **AMAILABLE PRIOR TO** COMPLETION OF CAUSE 1 YES 2 1 | YES 2 | NO 28d. DEŞCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d, DATE SIGNED (Morth



ITEMS: 23 PART I, II, 27, PER MEO FILM G-716 10/28/94 t.t

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 9 9 TAR SEPT A_M KEVIN FRANCIS McCARTHY 5:40 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morth, Day, Year April 2 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 578-78-2747 1 XM 2 - F 36 YRS 21,1958 Massachusett Pages 1, 2, 3 should 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH DIRECTOR 5151 CEDARLEA DRIVE WEST RIVER ANNE ARUNDEL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Anne Arundel West River 1 YES 2 XO permit. FUNERAL 10e STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5151 Cedarlea Drive 20778 burial-transit USA Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES use as the t BY 3 Wildowed 4 Divorced White ED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) ring most of working COMPLET JO. entary/Secondary (0-12) College (1-4 or 5 +) page 5 should be detached 12 Systems Analyst Computers 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ William J. McCarthy BE Sr. Rita Connors notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Kathleen M. McCarthy Cedarlea Drive West River. 20778 pe MD 20a. METHOD OF OISPOSITION
1 Surial 2 Cremation 3 Removal from State
4 Donation Dother (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must DATE funeral director, Lakemont Cemetery 10/ Davidsonville, examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A. ours after death. 12 Ridgely Ave. Annapolis, MD 21401 the medical 23. PART I. Entar tha diseases, or complications that caused the death. Do not entar the mode of dying, auch as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. filled in by Approximate interval Between **IMMEDIATE CAUSE (Final Onset and Death** the cremation, disease or condition and completely f burial, crematio CARDIAC ARRHYTHMIA resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediate cause. Entar UNDERLYING the attending physician Mental Hygiene prior to or other CAUSE (Disease or Injury Hygiene DUE TO (OR AS A CONSEQUENCE OF) that initiated events resuiting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS signed by the Health and ашу AVAILABLE PRIOR TO DIABETES MELLITUS COMPLETION OF CAUSE TYES 2 NO DF DEATH? Shows 1 YES 2 NO this certificate has been with the State Dept. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) item 1 X YES 2 NO OTHER: 1 | Inpstient 2 | ER/Outpetient 3 | DOA rsing Home 5 X Realdenca 6 - Other (Specify) õ 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED t XX Natural INJURY 5 Pending м 1 YES DIRECTOR: After the hours after death v В 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 28 4 Homicide determined Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II ZY MEDICAL EXAMINER: On the basia of axa investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as steted. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE ▶ SEPT 30,1994 O.C.M.E. 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Gu 111 Penn Street, Baltimore, Maryland 21201 42. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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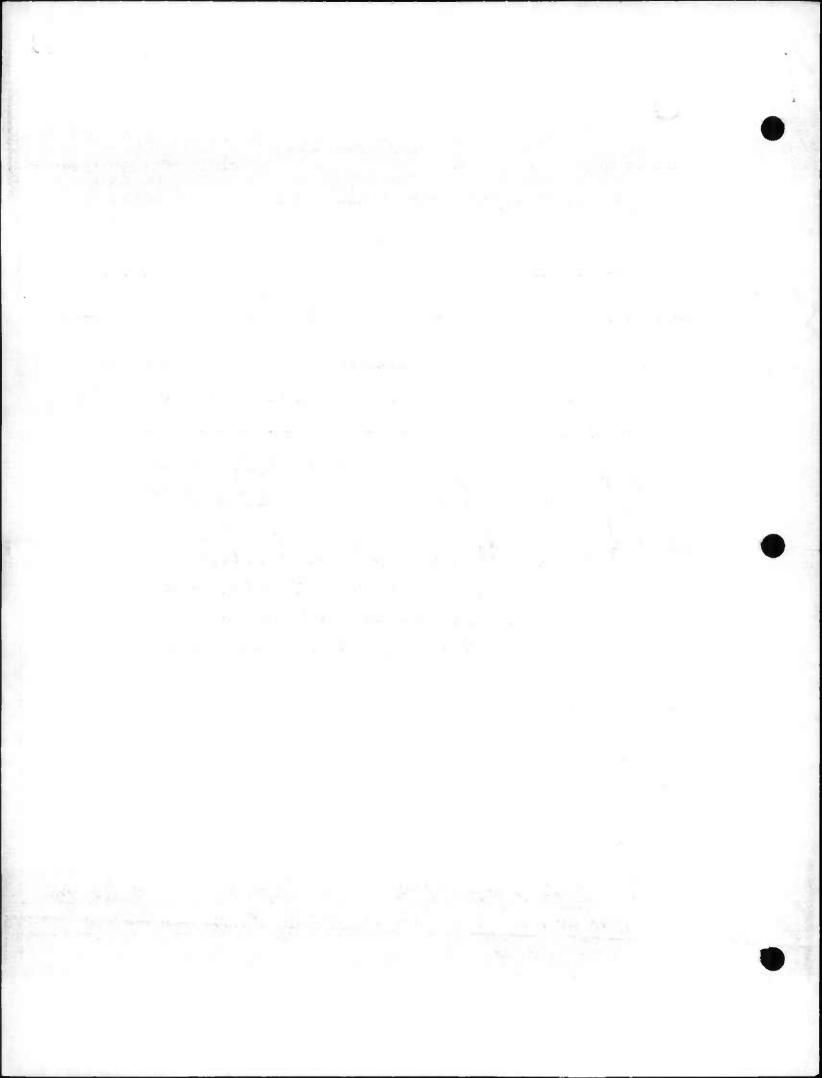
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Charles Russell Masimore 23, 1994 Sept. 7:00 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign 215-30-5096 March 31, 1931 1 📉 M 2 🗌 F 63 Maryland use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PO Box 223, White Hall Road White Hall Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore White Hall LIMITS? Y 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? PO Box 223, White Hall Road 21161 U.S.A. 24 nours after death. Page 6 may be retained by the hospital or attending physician. If filled in by the funeral director, page 5 should be detached for use as the burial-tran 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE — American Indian, Black, Whits, etc. 1 Never Married 2 Marri ВҰ 1 TYES 2 X NO Specify: 4 Divorced White Korean War 15. DECEDENT'S EDUCATION COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest g ntary/Secondary (0-12) College (1-4 or 5+) 12 State Trooper Maryland State Police 17. FATHER'S NAME (First, Middle, Last) t6. MOTHER'S NAME (First, Middle, Maiden Sumame) Howard R. Masimore notified at Anna E. Kupisch BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Donald Bubb 1507 Armacost Rd., Parkton, MD 21120 pe 20a. METHOD OF DISPOSITION
1 X Buriat 2 Cremation 3 Rec 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Sept25, must Belair Memorial Gardens ☐ Donation 5 ☐ Other (Specify) Belair, $\bar{1994}$ 21. SIGNATURE OF FUNERAL SERVICE LICES examiner 22. NAME AND ADDRESS OF FACILITY filled in by the funeral on, or removal. J.J. Hartenstein Mortuary, Inc. 24 Second St., New Freedom, PA 17349 medical 23. PART I./Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory arrest, Approximate shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death completely filled rial, cremation, the disease or condition within resulting in death) traumatic event, burial. executed CERTIFICATION and Sequentially list conditions, Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING attending physician 2 ď certificate other t CAUSE (Disease or injury that initiated events resulting in death) LAST 0 THE HOSPITAL OR ATTENDING PRINCIPLANT, THE FUNERAL DIRECTOR: After this certificate has been signed by the attens filled within 72 hours after death with the State Dept. of Health and Mental Innovaraut: If Itam 28 is marked, or item 23 shows any injury, or PART ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 topetient 2 ER/Outpetient 3 DOA 4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED t Natural 5 Pending Investiga 1 YES 2 NO BY 26a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) .26.9 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ROU 90 Easter 4 ELVA 31. DATE FILED (Month, Day, Year)

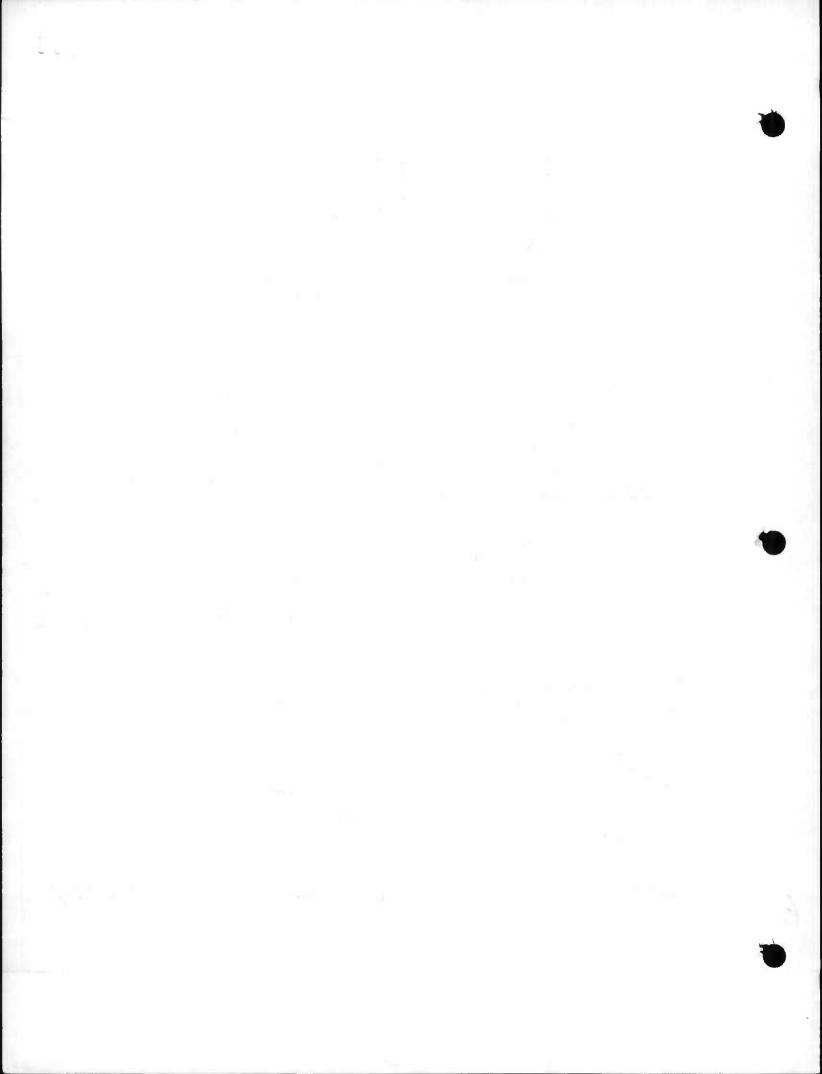
OCT 0 4 1994 32. REGISTRAR'S SIGNATURE Daniem-Re

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	4

		1 - FOR STATE REGISTRAR	STATE OF MARYL		TIMENT OF H		MENTAL HYGIEN REG. NO.		
	100	1. DECEDENT'S NAME (First, Middle, Last)	i			JEAN!	2. DATE OF DEATH		3. TIME OF DEATH
		Alver		oon			Sept. 28	,1994	M
모		4. SOCIAL SECURITY NUMBER 220-14-4853	1 D M 2 X F 6	In yrs. last birthday) 9 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 4902 6919	25 Ma	rthplace (State or Foreign ryland
2, 3 shou	TOR	9a. FACILITY NAME (It not institution, give Bon Secours				imore (9c. COUNTY OF	DEATH
U.C.U physician. burial-transit permit. Pages 1, 2, 3 should	DIRECTOR	HESIDENCE OF DECEDENT 10a. STATE Maryland	ry		y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO
nsit permit	FUNERAL	10a. STREET AND NUMBER 128 W.OS1	tend St.		101	. ZIP CODE 21230			F WHAT COUNTRY? d States
	à	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 XNO	If yes, spi	ENDENT OF HISPANI ocify Cuban, Mexican 2 X NO Specify:		Bi	ACE — American Indian, lack, White, etc.
pital or attending	COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elemantacy/Secondary (0-12) / th. Grade	UCATION le completed) College (1-4 or 5+)	(Give kind of a	usual occupation work done during mose retired.)	ON st of working		Home	r
by the hospital be detached for all once.		17. FATHER'S NAME (First, Middle, Lest)	gon	Jackso	n	16. MOTHER'S NAM	ME (First, Middle, Meiden	Sumame) Hagge	er
be retained ge 5 should e notified	TO BE	19a. INFORMANT'S NAME (Type/Print) Mr. Melvin Mas	SCO			St.Bali	oute Number, City or Town	vn, State, Zip Code) 1230	
e 6 may rector, pa		20a. METHOD OF DISPOSITION 1 Description 1 Donation 1 Other (Specify)	moval from State			orial P	z 10/1 (urnie,Md.
or death. Pag he funeral di al.		21. SIGNATURE OF FUNERAL SERVICE TO	Julillian		1774-51	ly Fune:			Md. 21230 .Fort Ave.
filled in by ion, or remother medica		23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused. List only one cause on each a. Cordiac Due to (or as a	ach iine.		de of dylng, such	as cardiac or respi	iratory arrest,	Approximate Interval Between Onset and Death
th certificate be executed ending physician and com I Hygiene prior to burial, or other traumatic or	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. AHREOS DUE TO (OR AS A C. INSULIV DUE TO (OR AS A			art dia	Oliseus	<i></i>	years years
requires that the signed by of Health and the signed by th	: MEDICAL	PART II. Other significant condition Chronic News	1 failure		rynic	dualyn	/ PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Se pas	SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Che	sk only one)		
	HYSICI	1 YES 2 NHO	HOSPITAL: 1 Inpetient 2 ER/Output			5 🗆 Residence (Defrer (Specify)	Dialysi	s Unit
ME PHYSICIAN: In is certificated in the St. Inner ed., or It	HA ME	27. MANNER OF DEATH 1 Mitural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		WO Y	To Jag	28d. DESCRIBE HOW II		
OR ATTENDO	PED	3 Suicide 6 Could not be 4 Homicide datermined		ity)	10	[V']	28f. LOCATION (Street a City or Town, State))	si Route Number,
	COMPL	one) 2 MEDICAL EXAMIN	SICIAN: To the best of my knowlers: On the basis of examination						e(s) and menner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE	30. NAME AND ADDRESS OF PERSON WI	Shabes	\bigcirc	M	29c. LICENSE NUM	592	29d. DATE SIGN	Set 94
		7		10	, Print)				
f		31. DATE FILED (Month, Day, Year) OCT 0 4 1994	32. REGISTRAR'S SIGN						



	must be	
within 72 news where death where the Board of Health and Mental Hygiene prior to burial, cremation, or removal.	ANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be	
Or remova	medical	
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	1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEAD		IENTAL HYGIEI		
	1, DECEDENT'S NAME (First, Middle, Last)	The Die!	hel Mur	hly		2. DATE OF DEATH MONTH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2.15 - 10 - 9507 Be. FACILITY NAME (If not entitution, give to	1 M 2 🗆 F	80 YRS. M	ONTHS DAYS HO	URS MIN.	7. DATE OF BIRTH (Month, Day, Year)	14	SIRTHPLACE (State or Foreign
TOR	Deaton Specialty	Hospitally to	lone	b. CITY, TOWN OR LO	AMOE	e e	9c. COUNTY	of DEATH
DIRECTOR	MORU AND 10b. COUNTY		10c. CITY, 1	own or Location Balto.C1	ty,Md			10d. INSIDE CITY LIMITS? 11 YES 2 NO
FUNERAL	100. STREET AND NUMBER	S.Charles	s St.	101, ZIP	21230		100 000	of what country? d States
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? YES YES, GIVE WAR OR D. W. 2		13. WAS DECENDE If yes, specify 1 YES	Cuban, Mexican	C ORIGIN? (Specify Ye, Puerto Rican, etc.)		RACE — American Indien, Black, White, etc. Specify: White
COMPLETED	(Specify only highest grade of Elementary/Secondery (0-12) 9th.Grade	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use of Cab Dri	k done during most of etired.)	working		nond C	ab Co.
BE CO		D. Muhly	,Sr.	18,	Mae Mae	E (First, Middle, Maide G •	Surneme) Mille	r
TO E	Mrs.Judith A.S		54 (Glendale	Ave.	oute Number, City or To Glen Bui		
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL-SERVICE LICE	rom state	b. PLACE AND DATE OF	DISPOSITION (Name of place) Pin Memor	ial P	ark G		rnie,Md.
1	► TEEN	Md Re	eurs			Dal		21230 E.Fort Ave
	23. PART I. Enter the diseases, or canock, or heart feiture. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	METAST	esch line.			NUSR	piratory arrest,	Approximate Interval Between Onest and Deat
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initisted evente resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL	PART II. Other significent conditions DIARSETES MEU DISSASE	contributing to deeth	but not resulting in LICHER AZ	the underlying cer VASC.	Use given in i	Part I. 24a. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	OF DEATH (Che			
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year) (Month, Day,						
TED BY	2 Maccident Investigation 3 Sulcide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural							
COMPLETED		CIAN: To the best of my known.						ruse(e) end manner ee stated,
TO BE C	29b. SIGNATURE AND TITLE OF CENTIFIER 30. NAME AND ADDRESS OF PERSON WHO	Jullan	Q-	1	3/13	6	DO-	GNEO (Month, Day, Year) BENC 3 1894
		32. REGISTRÁR'S SIG	0.611	5. CHAN	YES 57	BALTIM	HORE,	no 2 1230
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MYSICIAN: The law requires that the death certificate be exe
ATTENDED

THE HOSPITAL ATTENDED BY SIGNAL The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL ATTENDED BY THE HOSPITAL WHEN THE LAW DATE OF THE LAW DATE OF THE LAW DATE OF THE LAW DATE OF THE LAW DATE OF THE LAW DATE OF THE LAW DATE OF THE LAW DATE OF THE LAW DATE OF THE LAW DATE OF THE LAW DATE OF THE LAW DATE OF THE LAW OF

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATN 3. TIME OF OEATN Oct. 2, 1994 Gerald Α. Martin, Sr. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) __IF UNDER 1 YEAR __ IF UNDER 24 HRS. 7. DATE OF BIRTN 8. BIRTNPLACE (State or Foreign (Month, Day, Year) 9/29/1936 220-30-2322 HOURS 1 🔀 M 2 🗆 F 58 DAYS YRS. Maryland 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN Balto.City, Md. DIRECTOR 506 E.Barney St, RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Balto.City, Md. Maryland 1 X YES 2 | NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 506 E.Barney St. United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 FORO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Merried Specify: White BY 3 Widowed 4 Divorced ED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relired.) 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY (Specify only high E College (1-4 or 5+) Local # 37 COMPL Heavy Equipment Opera 8th.Grade 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) James Clement Martin Elsie Warring Dyke BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 506 E.Barney St.Balto.Md. 21230 2 Mrs.Carolyn L.Martin . METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 28c. LOCATION — City or Town, State 200. METHOD OF DISPOSITION

| A Burlel 2 | Cremetion 3 | Removal from State
| Donetion 5 | Other (Specify) | Meadowridge Mem; Park 10/5 Elkridge, Howard Co. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md.21230 McCully Funeral Home. 130 E. Fort Ave 23. PART I. Enter the diseases, or complications that caused the daeth. Do not anter the mode of dying, such as cardiac or reepiratory arrest, ahock, or heert fellure. List only one ceuse on eech line interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ CArpin Arres umedel resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, TO (OR AS A CONSEQUENCE OF) if sny, leeding to immediate cause. Enter UNDERLYING NICO CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): thet initisted evente reaulting in deeth) LAST PART II. Other aignificent conditione contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 THE NO

DID TOBACCO USE CONT	RIBUTE TO CAUSE OF DEAT	TH YES	NO UNCERTAI	N D	1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	28. PLAC HOSPITAL: 1 Inpatient 2 ER/Outpetient 3	E OF DEATH (Check		5 Other (Specify)	
27. MANNER OF DEATH 1 Secured 5 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE NOW INJURY OCCUR	RED
3 Suicide 6 Could not be determined	25e. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, street, tect	tory, offica	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
204 CERTIFIER					-

	4		
1	ERTIFYING PNYSICIAN: To the best of my knowledge,	LOS THE STATE OF T	
	JEHI IFYING PNYSICIAN: To the best of my knowledge.	death occurred at the time, date and place	and due to the revenue of and manner or stated
\rightarrow		seems seems at the time, date and place	, and due to the codse(e) and mainler as stated.
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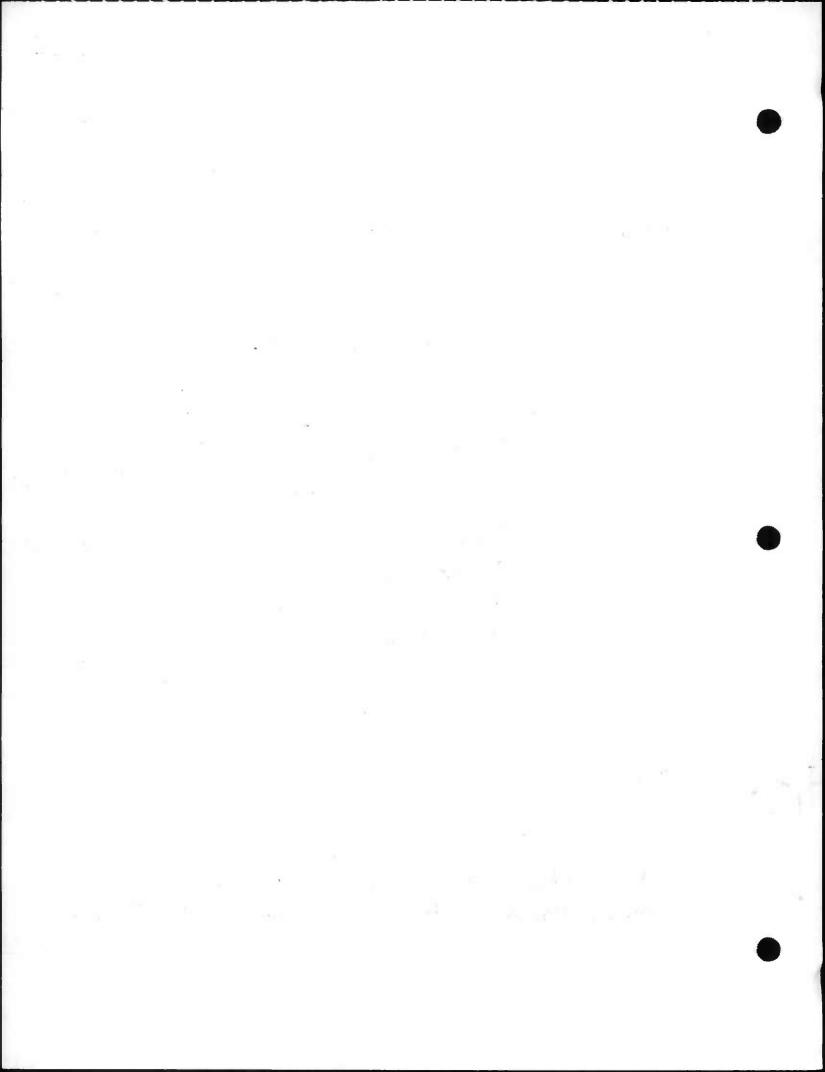
2 MEDICAL EXAMINER: On the basis of ax on and/or investigation, in my opinion, death occured at the time, data end place, end dua to the cause(e) end mannar as stated.

29b SIGNATURE AND TITUE OF CERTIFIER	29c. LICENSE NUMBER D 133 43	29d. DATE SIGNED/(Mont). Day, Year)

RERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) AND ADDRESS OF

30015 32. REGISTRAR'S SIGNATURE OCT 0 4 1994

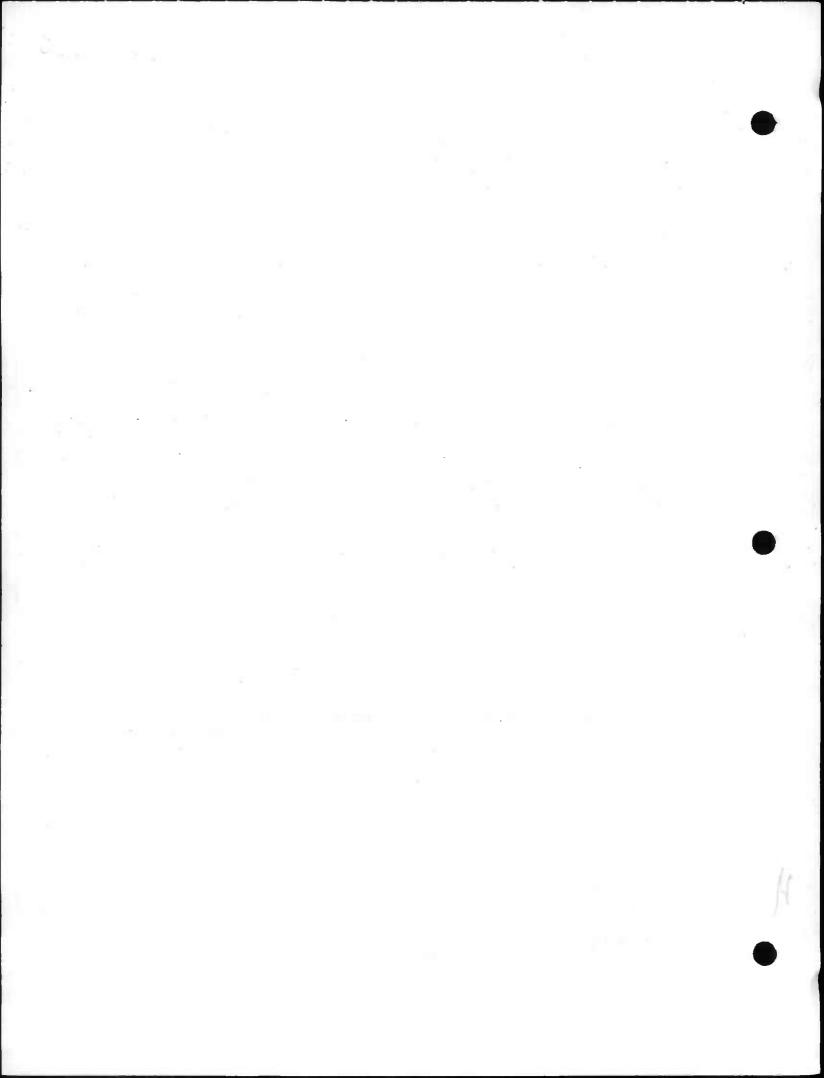
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RECORDS,	
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DIVISION	

ge o may be retained by the hospital of attending physician.	scate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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ige o m	director,		r must
requires that the beath certificate be executed within	funeral o		kamine
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ALLEN	CTOR	after	28
5	L DIRE	2 hours	item.
SPI P	INERA	thin 72	N.
UTHE HOSPITAL UR ALLENDING PHTSK	O THE FUNERAL DIRECTOR: After this	e filed within 72 hours after death with t	APORTANT: If item 28 is marked.
5	TO	9	F

	FOR 1 - STATE	STATE OF MA							MENTAI	. HYGIEN	E			
!	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest) IDA V	NAGEL	CI	ERTIF	ICATE (OF	DEA	TH_	MONTH	OF DEATH	100	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. les	st birthday)		IF UNDER 1 YEAR IF UNDER 24 HRS.			(Month	OF BIRTH , Day, Year)	199	4:02 P M IPLACE (State or Foreign y)		
_	219–22–5180 9a. FACILITY NAME (If not institution, give street	- 21	66	Tho.	9b. CITY, TO	WN O	R LOCATI	ON OF DI		09–28	9c. COUN		IRGINIA EATH	
DIRECTOR	THE JOHNS HOPKINS	HOSPITAL			BALTIMORE CITY									
18		LTIMORE		10c. CIT	TY, TOWN OR LOCATION CATONSVILLE							10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 6204 FREDERICK R	OAD				10f.	ZIP CODI	1228	3		10g. CITIZ		S.A.	
à	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 XI	RMED NO	If ye	e, spe	ENDENT Colfy Cuba 2 X NO	n, Mexica	in, Puerto F	? (Specify Yea tican, atc.)	or No-	or No- 14. RACE — American Indian, Black, White, atc. Specify: WHITE		
COMPLEIED	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION impleted) College (1-4 or 5+)	(G	live kind of v Do NOT us	USUAL OCCU vork done during a retired.)	IPATIO ng mos	N t of workin	ng	16b.	KIND OF BUS		USTRY		
	17. FATHER'S NAME (First, Middle, Last)			11011	Z Z Z CZ					Middle, Maiden	Surname)			
	FELTX LAYTON 19a. INFORMANT'S NAME (Type/Print)					treet ar	d Number	or Rural	Route Numb	er, City or Town	n, State, Zip			
	JAMES F. NAGEL SR				FREDE)AD (CATON	SVILLI	E MAR			
	1 Burtal 2 □ Cremation 3 □ Ramova 4 □ Donation 5 □ Other (Specify)		cemetery, cre	ematory or of	ther place) K CEMI		RY 1		5-94				RYLAND	
	21. SIGNATURE OF HERAL SERVICE LIGER	SEE	E		LERO	YC		RUSS	SELL				RAL HOMES	
LILICATION	23. PART I. Entar tha diseasea, or con ahock, or heart failura. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING	Respi Due to (or	on aach line	OUENCE OF	200	a mod	da of dyl		Ce		ratory arm	eat,	Approximata interval Between Onset and Death Sming	
CENTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST		AS A CONSE											
MEDICAL	PART II. Other significant conditions	contributing to de	ontributing to death but not resulting in the underlying causa given in Part I. 24s. WAS AN AI PERFORM 1 YES 2							MED? AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?		The second second		
1.0	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO													
SICIAN.		OSPITAL:	R/Outpatient 3	DOA	OTHER:				8 Chhai					
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJ (Month, Day,	URY	28b. TIM	E OF 28	c. INJU	IRY AT		6 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED					
2 Accident Investigation 3 Suicide 8 Could not be building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, fectory, office building, atc. (Specify) 28f. LOCATION (Street a City or Town, State)							and Number or Rural Route Number,							
	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:												e) and manner se stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER	Wagn	$\sim m$	0	_			NSE NUI					(Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO	2 - Wa	OF DEATH (ITE	M 27) (Type,	Print)	110	77	Deale	05	B.7.	dn i	TAL	7 21287 4 But- Ma	
	OCT 0 4 1994	32 REGISTRAR'S				, ,	70		T.	2016	0	7 . 1	,	



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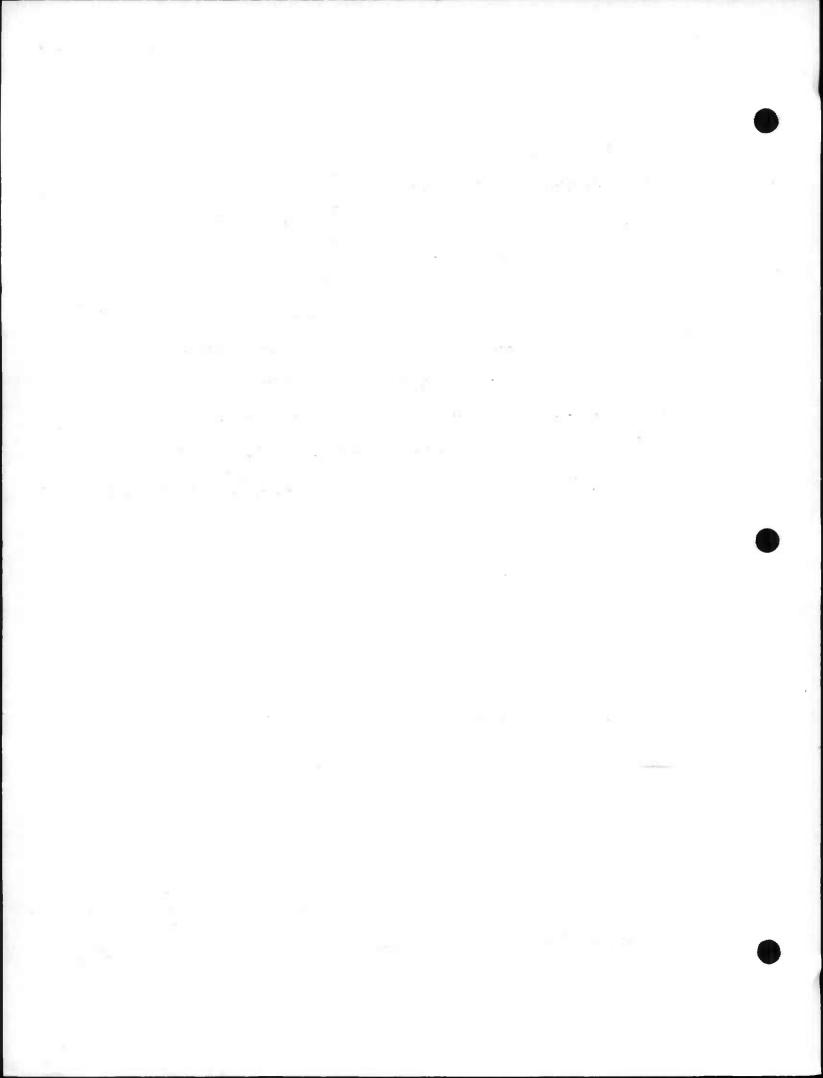
FOR STATE REGISTRAR

BOX 68760 DIVISION OF VITAL RECORDS, P.O.

1. DECEDENT'S NAME (First Middle Leet) 2. DATE OF DEATN 3. TIME OF DEATH HONTH $0^{2} - 19^{6}$ EDWIN OBRECHT 11:13 Рм 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 213-14-0926 XX M 2 D F DAYS 79 08-01-15 MARYLAND Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN GREATER BALTIMORE MEDICAL CEN. DIRECTOR TOWSON BALTIMORE RESIDENCE OF DECEDENT 10a, STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CITY permit. XXYES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3908 NORTH CHARLES use as the burial-transit STREET 21218 U.S.A. retained by the hospital or attending physician. 5 should be detached for use as the burial-tran 12. WAS OECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 100 IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES XX NO Specify: BALTIMORE, MARYLAND 21215-0020 Never Married 2 Married BY Wildowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEOENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highes (Give kind of work life. Do NOT use re Elamentary/Secondary (0-12) 3 YEARS WHOLE TOBACCO SALE DISTRIBUTOR 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) O'BRECHT **JACOB** FREDERICK at CATHERINE WHITE BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 EDWIN W.O'BRECHT, JR. (SON) 3110 CAVES ROAD, OWINGS MILLS, MD. 21117 ours after death. Page 5 may be pe 20a. METNOD OF DISPOSITION
1 Burlal ALC Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE must director, LORRAINE MAUSOLEUM 4 Donation 5 Other (Specify) 10 - 5WOODLAWN, MD. 21207 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral Pot HENRY W. JENKINS Butto 4905 YORK ROAD, BALTIMORE, MD. 21212 in by the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete ehock, or heart failure. List only one cause on each line. Interval Between 0 filled IMMEDIATE CAUSE (Finel Onset and Death the cremation. disease or condition___ Anoxic encephalografty hrs completely event, resulting in death) executed with and com too & choking hrs aspiration other traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to If any, leading to immediate cause. Enter UNDERLYING physician the death certificate CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events attending resulting in daeth) LAST the atten PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS and but artern AVAILABLE PRIOR TO COMPLETION OF CAUSE dementix requires that any disease cormary signed t 1 TYES 2 DATO OF DEATH? Shows 1 YES 2 NO been t. of I DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO P has be Dept. PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATN (Check only one) certificate I HOSPITAL: OTHER: 1 TES 2 PNO 4 Nursing Nome 5 Residence 6 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b, TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED. marked, this 1 Natural 5 Pending Investigation OCT. 2, 1994 P М 1 YES CHOKED ON FOOD DIRECTOR: After the hours after death vitem 28 is mark 2 XX NO BY 2 XX Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, offica building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Nomicide HOME AS # 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL D DE filed within 72 ho 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. GNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) B taurkele 94 M7. D43936 10 3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LANSDALE III M.D. 6565 N- CHARLES ST # 203 BALTIMORE THOMAS 21204 31. DATE FILED (Month, Day, Year) 0CT 0 4 1994 32. REGISTRAR'S SIGNATURE i Danden- Ko

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



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al examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached wal.	TO THE FUNETAM WIRE AFTER AFTER THIS CENTIFICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ter death. Page 6 may be retained by the hospita	TO THE MOS WALL THE PURISHED PHYSICIAN: The law requires that the death certificate be executed within morniours after death. Page 6 may be retained by the hospita
BALTIMORE, MARYLAND	PHYSION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	3. TIME OF DEATH				
	Anna Pazo	iera				Oct. 1, 1	8:11 a. m				
		SOCIAL SECURITY NUMBER 5, SEX 6, AGE (In vis. link) birthday F LINDER 1 VEAR F LINDER 24 MBS 7 DATE OF RIPTH									
	213 03 02102	1 □ M 2 🗓 F 90	YRS.	UAYS	HOURS MIN.	June 5, 1	904 Ma	aryland			
_	9a. FACILITY NAME (If not institution, give stre				R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH			
DIRECTOR	Good Samaritan Num	rsing Home		Baltimo	ore						
Di l	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY			
E	Maryland		Balt	imore			LIMITS?				
AL.	10e. STREET AND NUMBER			101.	ZIP CODE	10g. CITIZEN	OF WHAT COUNTRY?				
FUNERAL	5002 Crosswood Av	venue			21214	Α.					
5		12. WAS DECEDENT EVER IN FORCES? 1 YES				IIC ORIGIN? (Specify Ye	a or No — 14.	RACE — American Indian, Black, White, atc.			
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify			Specify:			
	15. DECEDENT'S EDUCA	TION	18a. DECEDENT'S USU	IAL OCCUPATIO	N .	16b. KIND OF BU	SINESS/INDI IST	White			
	(Specify only highest grade co	College (1-4 or 5+)	(Give kind of work life, Do NOT use re	done during mos	st of working	loo. Kind of bo	311123371112031	The state of the s			
립	/ -	/A	Homemake	r		Own H	lome				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maider	Surname)				
BE (Joseph A. Koenigs	nark			Anna V	anura		110			
2	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural I	Route Number, City or Tov	vn, State, Zip Coo	de)			
-	Joseph Schmidt (No		2100 P	oplar 1	Road, Ba	ltimore, M	ld. 21	221			
	20a, METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Remove	al from State 20b.	PLACE AND DATE OF D	ISPOSITION (Na	me of		CATION — City	The state of the s			
	4 Donation 5 Other (Specify)	Во	hemian Na				altimo	re, Maryland			
	11/1/1/2			Schim	nek Fun	eral Home					
_	11/100/16					ane, Balti					
	23. PART I. Entar the diseasea, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final										
	disease or condition resulting in death) a. PORT PROMONIC										
	DUE TO (OR AS A CONSEQUENCE DF):										
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
CAT	if any, leading to immediate cause. Enter UNDERLYING	Ather	5080107	be Vo	escula	Disea	20	VENIN			
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	10.0	1000000			10013			
E	resulting in death) LAST										
	PART II. Other aignificant conditiona	contributing to death be	ut not resulting in ti	he underlying	Cause given in	Part I. 24s. WAS AF	AUTOBOV	24b. WERE AUTOPSY FINDINGS			
CAL	Depression,	Slizures 1	2-ton an	thoits.	Cadee givan in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE			
ED	- Concession		251-0011	111-1-1-		t 🗆 YES	5 DENO	DF DEATH?			
Σ	DID TOBACCO USE CONTRI	RUTE TO CAUSE O	F DEATH YES		UNCERTAIN			t 🗌 YES 2 🗍 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		8. PLACE DF DEATH (ONCERIAII	101					
Sic		HOSPITAL:	atlent 3 DOA	THER:	5 Residence	8 Other (Specify)					
ᅔ	27. MANNER OF DEATH	28a. DATE DF INJURY (Month, Day, Year)	28b, TIME OF		JRY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED			
BY	t Natural 5 Pending 2 Accident Investigation	(Month, Day, Your)	INSONY		ES 2 NO						
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Speci	— At homa, term, stree	t, factory, office		28t. LOCATION (Street City or Town, State		Bural Route Number,			
	4 Homicide datermined										
COMPLETED		AN: To the best of my knowledge of the basis of examination						ruse(a) and manner as stated.			
	29b. MGNATHE AND TITLE OF CERTIFIER	1	4								
BE	SUMMI X	gr. 10/1	la man	m	29c. LICENSE NUN	901	29d. DATE SI	GNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	TH (ITEM 27) (Type, Prir	n)	1007	/7/	10	2 //			
	Dr. Susan Weiner,	5601 Loch	Raven Blv		rgan Bld	g., Baltim	ore, M	d. 21239			
	OCT 0 4 1994	32. REGISTRAR'S SIGNA									

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B	ate
DIVISION OF VITAL RECORDS, P.O. BOX 68760	law requires that the death certificate be executed with
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A	ITAL OR ATTENDING PHYSICIAN: The Ia
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	HOSPITA

		FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAN	D / DEPAR	TMENT OF I	HEALTH AND	MENTAL HYGIEN	_	
	1	1. DECEDENT'S NAME (First, Middle, Last) Israel M. Pinkney		<u> </u>	CENTIF	ICATE OF	DEATH	2. DATE OF DEATH SMONTH September		3. TIME OF DEATH 21:37 M
ā	ı	248-28-2119	5. SEX 1 M 2 D F	8. AGE (In y	s. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) S.C
, 2, 3 should	HOL	9a. FACILITY NAME (If not institution, give street VA Medical Center RESIDENCE OF DECEMENT				96. CITY, TOWN BALTIM	ORE	EATH	9c. COUNT	Y OF DEATH
	DIRECTOR	10a. STATE 10b. COUNTY A.A.	Co.		0	Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 NO
- E	FUNEHAL	305 BERLIN 11. MARITAL STATUS		T EVEN III II I	D. ADMEO		1. ZIP CODE 2122	5	4	N OF WHAT COUNTRY?
م م	'n	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO B	If yea, ap	Decify Cuban, Maxico 3 2 X NO Specific	NIC ORIGIN? (Specify Yas an, Puerto Rican, etc.) /y:	n or No— 14	I. RACE — American Indian, Black, White, etc. Specify: BLACK
or an	PLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	(TION ompleted) College (1-4 or 5		(Give kind of life. Do NOT us	USUAL OCCUPATI- work done during me se retired.)	osl of working	16b. KIND OF BU	SINESS/INDUS	STRY
	BE COMPL	17. FATHER'S NAME (First, Middle, Lest)			JEC	UKI 17	18. MOTHER'S NA	AME (First, Middle, Maiden	Surname)	
page 5 should be notified	2	19a. INFORMANT'S NAME (Type/Print) FRIC PINKN 20a. METHOD OF DISPOSITION	EY		305	BERLI	Y AVE.	Roule Number, City or Tow	vn, State, Zip Co	D 21225
ector,		1 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify) 21. SIGNATURE OF THERAL SERVICE LICE		cemeter	y, cremetory or o	22. NAME A	TERANS	10/5/9/CR	DWN5	VILLE, MD
by the funeral disamovi	4	23. PART 1. Enter the diseases, or co	mplications the	t caused the	e deeth. Do	1206-	18 W. N	IORTH AVI	= RA	TY FUNERAL HOM
the the		shock, or heart fallura. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	Uppe	r Gast	rointe	stinal :	Tract Her		watery arros	Interval Between Onset and Death
sician and completel nor to burial, crema traumatic event,	20	Sequentially list conditions, if any, leading to immediate	Thrm	bocyto	nseouence o penia nseouence o					24 hour
\$ & B & B	HIFICAL	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CO	Heart MSEOUENCE OF		10 year			
0 9 3	- 11	PART II. Other eignificant conditions	contributing to	deeth but r	not resulting	in the underlyin				10 year
certificate has been signed by the the State Dept. of Health and M. or Item 23 shows any Inji		Diabetes mellitus, chronic obstructivelung disease, peripheral vascular disease, coronary artery disease Diabetes mellitus, chronic obstructivelung disease, 1 YES 2 NO NO NO NO NO NO NO								
is certificate has be with the State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CONTRIBUTE TO CAUSE OF DEATH YES NO 26. PLACE OF DEATH (Check only one) 10 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specific)							
fer this certification with the marked, or	- 40	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	INJURY	26b. TIM	E OF 26c, IN.	JURY AT DRK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUI	RED
DIRECTOR: After the hours after death vice 28 is mark	3	3 Suicide 6 Could not be detarmined	26s. PLACE OF INJURY — At home term street tectory office						Rural Route Number,	
FUNCTION OF ALTEROISE THE LAW REQUIRES UT A THE LAW REQUIRES UNIT OF THE LAW REAL DIRECTOR. After this certificate has been signed by the willing Thours after death with the State Dept. of Health and N. MANT. If Nem 28 is marked, or Item 23 shows any Inj.	J-MCO	one) 2 MEDICAL EXAMINER:						to the cause(s) and me		cause(s) and manner as stated.
	DO.	296. SIGNATURE AND TITLE OF CERTIFIER M	Show COMPLETED CAUS	BE OF DEATH	(ITEM 27) (Types	Print)	29c. LICENSE NU	MBER		HIGNED (Month, Day, Year)
9		M. SHOMALIMD 31. DATE FILED (Month, Day, Year)		cal Ce	nter,		Greene	St., Balto	o., MD	21201
		OCT 0 4 1994	Alistania	and from	test.					ONLIN 18 Pay 1/8

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 H

Pages 1, 2, 3 should permit by the funeral director, page 5 should be detached for use as the burial-transit removal. Page 6 may be retained by the hospital or attending physician. notified at pe must examiner nours after death. medical completely filled in by the requires that the death certificate be executed within traumatic event, and com o burial, 2 other t 6 the atten Mental F injury, has been signed by Dept. of Health and shows any OR ATTENDING PHYSICIAN: The law this certificate has with the State [tem ò marked, After death 99

DIRECTOR

FUNERAL

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COMPLETED

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CERTIFICATION

MEDICAL

PHYSICIAN:

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COMPLETED

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DIRECTOR: hours after Item 28 is

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH James Ernest Perry 21:31 OCTOBER 194 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Year) 09/10/1930 1 M 2 F HOURS West Virgini 284-24-9886 9a, FACILITY NAME (If not institution, give street 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Union Memorial HOspital Baltimore City RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland 1 XYES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g CITIZEN OF WHAT COUNTRY? U.S.A. 123 W. 29th Street 21211 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2XXX00 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES XXNO Specify: 11 MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married Specify: 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
173/www.kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higha Elementary/Secondary (0-12) College (1-4 or 5+) Revenue Specialist State of Maryland 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Taylor Andrew H. Perry Mary 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21211 Maryland 35th Street, Baltimore, 851 W. Robin McKinley 20a. METHOD OF DISPOSITION
1 M Burial 2 Cremation 3 □ Ramoval from Stata
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State 10/8 View Memorial Eldersburg, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home 21211 nem thet caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, 3631 Falls Road, Baltimore, Maryland 23. PART I. Eyer the diseases, or complications that caused the des slock, or heart failure. Liet only one cause on sech line. Approximata IMMEDIATE CAUSE (Final Onset and Death disease or condition SEPS IS 3 weeks resulting in death) DUE TO (OR AS A CONSEQUENCE OF). BILATERAL DUE TO (OR AS A CONSEQUENCE OF): PNEUMONIA 3 weeks Sequentielly ilst conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceues given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Ischemic cardiomyopathy COMPLETION OF CAUSE 1 TYES 2 NO 1 - YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ☐ NO 🔯 UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 NO Inpetiant 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending 1 YES 2 NO investigation 28a. PLACE OF INJURY — At home, ferm, street, factory, offica building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be

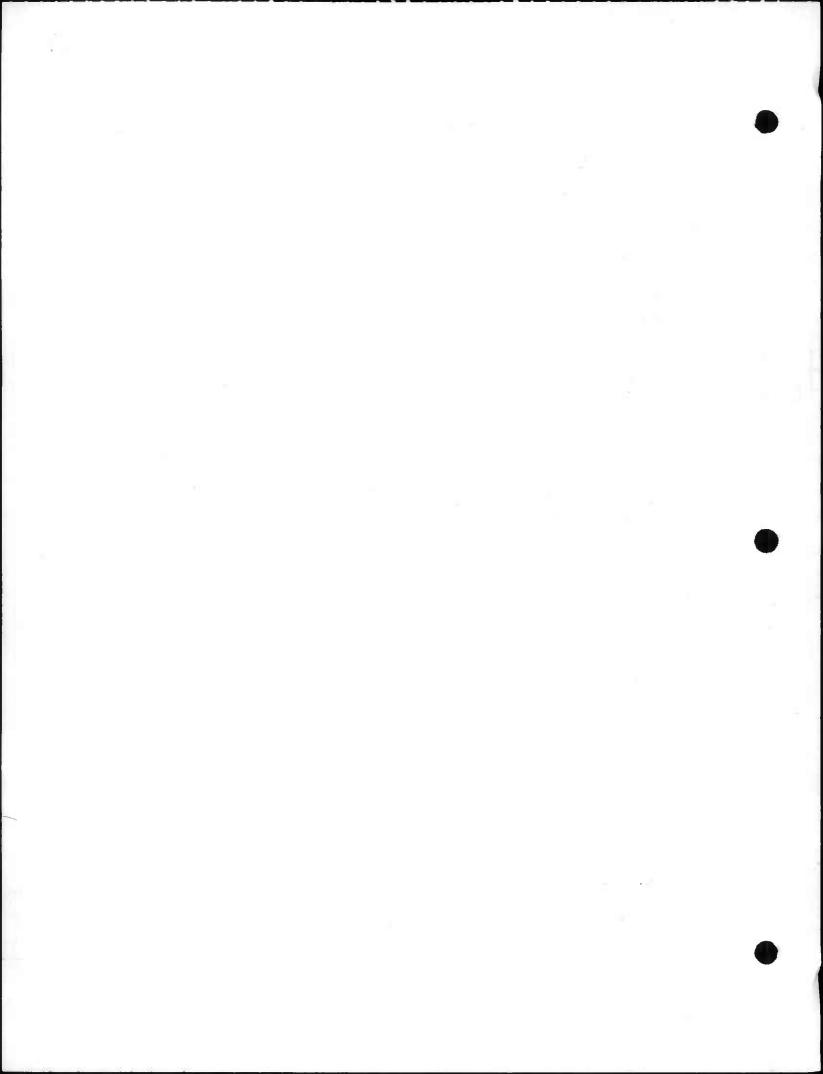
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(e) end manner as stated. (Check only one) 2 ___ MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER AT2438946A44 1994

UNION

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day 1947) OCT 0 4 1994 32. REGISTRAR'S SIGNATURE

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAG

		1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
		1. OECEOENT'S NAME (First, Middle, Last) Jouce William Thomas Powell 2. Date of DEATH MONTH 30 9 4 3. TIME OF OEATH
70		4. SOCIAL SECURITY NUMBER 223-36-9658 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign Country) Month
2, 3 should	OR	98. FACILITY NAME (If not institution, give street and number) 99. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH PRESIDENCE OF DECEDENT
Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
physician. burial-transit permit. Pages 1,	FUNERAL (100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 2/2/5 107. C-A
ing physician. the burial-tran	BY FUNE	11. MARITAL STATUS 1
the hospital or attending detached for use as the once.	PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. DerNOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY
≥ 2 €	E COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 19. MOTHER'S NAME (First, Middle, Maiden Surname)
retained 5 should notified	TO BE	192 INFORMANT'S NAME (Type-Print) 190 MAILING ADDRESS (Street and Number or Augal Floure Number, City or Town, State Lip Code)) 100 Chestnut It Lane Da to Mazilist
6 may ctor, pa		20b. PLACE AND PATE of DISPOSITION 1 Aburlai 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify) 20b. PLACE AND PATE of DISPOSITION (Name of Company by pather place) 20c. LOCATION — City or Town, Stata 20c. LOCATION — City or Town, Stata 20c. LOCATION — City or Town, Stata
5 8 4 e		21. SIGNATURE OF FUNERAL SERVICE LIGENSEE 22. NAME AND ADDITIONS 22. NAME AND ADDITIONS THE HAND ADDITIONS 23. NAME AND ADDITIONS THE HAND AD
24 hours filled in to ion, or re-		23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrast, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions.
th certificate be execuending physician and Il Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):
that ed b th an	MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 (INO) 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
he law requires has been signe e Dept. of Healt m 23 shows		DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)
SICIAN: The certificate h the State I	PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 Inpetiant 2 ER/Outpetient 3 OOA Char (Specify) 27. MANNER OF OEATH 286. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUREO
F with S	BY	1 Antiural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. PLACE OF INJURY — At home, farm, street, factory, office
L OR ATTENDING P DIRECTOR: After thours after death item 28 is mar	LETED	4 Homicide determined
HOSPITAL FUNERAL WITHIN 72 P	COMPLE	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.
TO THE HOSPITA TO THE FUNERA DE filed within 72 IMPORTANT: I	TO BE	296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. OATE SIGNED (Month, Day, Year) 297. Trial 296. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TYPE, Print)
		MARVIN J. FELDMAN, MD. 301 ST. PAUL PL. #407 BALTO, MD. 21202 31. OATE FILEO (Monitin, Day, Year) 32. REGISTRAR'S SIGNATURE
		00T 0 4 1994 Jalin Sandem Renderle

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ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 AEGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within should be the death. Page 6 may be retained by the hospital or attending physician.	OR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should fee related for use as the burial-transit permit. Pages 1, 2, 3 should fee related for use as the burial-transit permit. Pages 1, 2, 3 should fee related for use as the burial-transit permit. Pages 1, 2, 3 should fee related for use as the burial-transit permit. Pages 1, 2, 3 should fee related for use as the burial-transit permit. Pages 1, 2, 3 should fee related for use as the burial-transit permit.	or item 23 shows any injury or other traumatic event, the
SPITAL OR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certificate filed within 72 hours after death with the Sta	MPORTANT: If item 28 is marked or it
TO THE HI	TO THE FL	IMPORTA

Item20a FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. OATE OF DEATH 3. TIME OF DEATH edeaux 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign -42-68 9a. FACILITY NAME (If not instituti 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF EDENT 10d. INSIDE CITY 10b. COUNTY 10a-STATE IDC. CITY, TOWN OR LECATION 10 7 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10a. CITIZEN OF 4206 21216 uva 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify/Euban, Maxican, Puarto Rican, etc.) 1 PES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ANMED FORCES? 1 YES 2 NO 14. RACE - American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Dack COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY lege_j(1-4 or 5+) Socia Security 4urs Known admir 17. FATHER'S NAME (First, Middle, Last 18. MOTHER'S NAME (First Middle Maiden Surba nowh 2ah edeau BE FORMANT,'S NAME 19b. MAILING ADDRESS (Street 2 0819 che edeaux Chicago 60628 20e METHOD OF DISPOSITION

Buriat 2 Cremation 3 Removal from Stata
4 Donation 5 Other (Specify) PLACEAND DATE OF DISPOSITION (Name of DATE 20c. LOGATION - Otty or Town, State Dalto 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND AODRESS OF FACILITY abash 23. PART I that the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata allock, or haart failura. List only one cause on each line. intarvai Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition DUE TO (OR AS A CONSEQUENCE OF) x v com reaulting in death) IDS 60 75 CERTIFICATION Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF). e. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? 1 - YES 2 - 100 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO \$ 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO OTHER:
4 □ Nursing Home 5 Presidence 8 □ Other (Specify) Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO Natural ВY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide detarmined 29a. CERTIFIER (Check aniv Check and Check aniv Check and Check aniv Check and Check aniv Check and Check aniv Check and Ch 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

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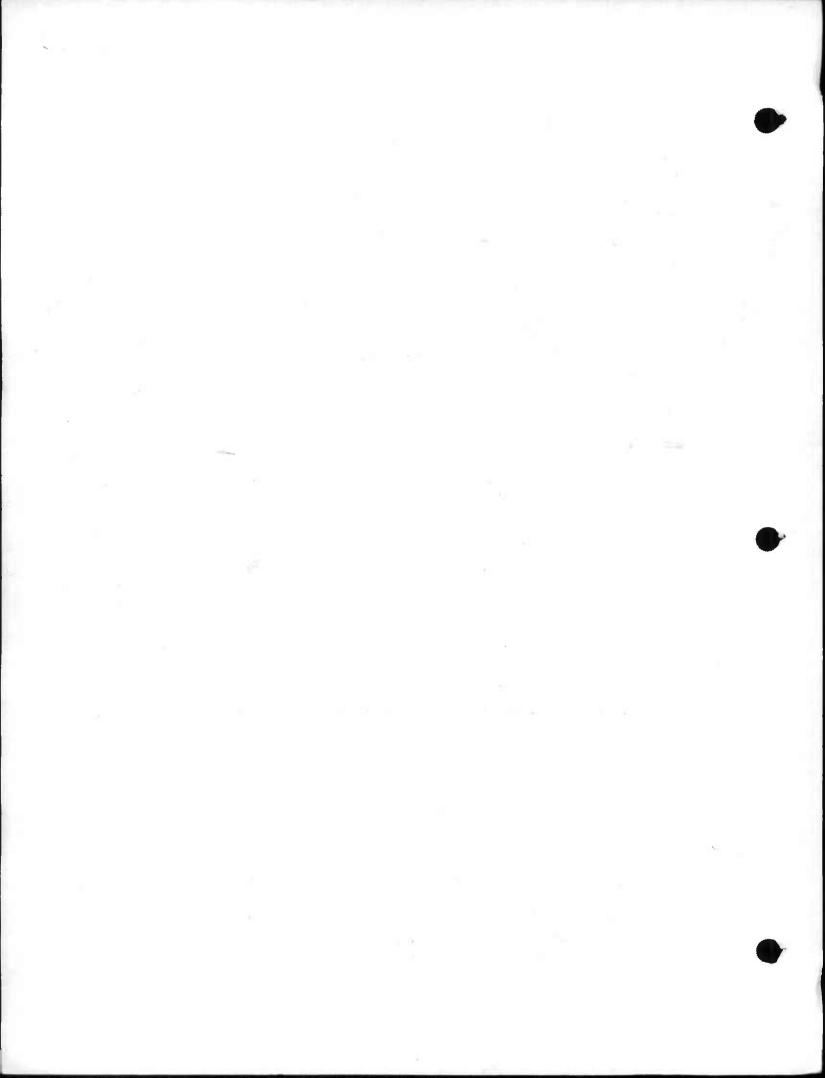
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BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

94 29000 STATE OF MARYLAND' / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF	DEATH			3, TIME OF DEATH
	Stephanie 4. SOCIAL SECURITY NUME	AFD.	SUE 5. SEX	RID		ENOUR				october 1,			1994	6:24 A M
	213728785		1 🗆 M 2 👾 F	34	YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year)					BIRTHPLACE (State or Foreign Country) MARYT_AND				
œ	9a. FACILITY NAME (If not in		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
DIRECTOR	FRANKI,IN	SOUARE	HOSPITA	I.			RO	SSVI	LLE			Ва	ltimo	re
E	10a. STATE	10b. COUNTY	TIMORE			Y, TOWN								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	DAI.	TITORE,		E	AI.TI	-	, ZIP COD	F			10a CIT		1 YES 2 NO
FUNERAL	508 CAR	DOLLING	OD ROAD	כד יייכדע					220				SA	HAI COUNTRY?
5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR				ENDENT C	OF HISPAN	IIC ORIGIN? (14. RACE	— American Indian, White, etc.
BY	Never Married 2 3 Widowed 4 Divo		IF YES, GIVE W					2 NO			an, auc.)		Specify	
Œ	(Specify only	EDENT'S EDUC y highest grade		(G	CEDENT'S ive kind of a Do NOT us	work done	during mo	ON st of working	ng	16b. K	IND OF BUS	INESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0	1-12)	College (1-4 or 5 -	-)	AITR						FOO	D SE	RVICE	
Š O	17. FATHER'S NAME (First, M	liddle, Last)						18, MOT	HER'S NAI	ME (First, Mio				
BE	HERBE		RIDEMOUR							ANN T				
2	194. INFORMANT'S NAME (I		OII IIS							Route Number,				
1	20a. METHOD OF DISPOSIT	ION		20b. PLACE	508	OF DISPOS	SITION (Na		ROAD	APT			City or Tow	D 21220
	1 Buriel 2 Eremetic 4 Donation 5 Other	(Specify)			rematory or other place)					10/				
	21. SIGNATURE OF FUNERA	L SEPARCE LIC	ENSEE			22.		ADDRE		DALE I	כו זאדבים	7\ T. T. T. T. T. T. T. T. T. T. T. T. T.	AME.	
4	29/12	W.						121	1 CHI	ESACO	AVE	2123	7	
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, and one of the cause on each line. Approximate interval Between Onset and Death disease or condition resulting in death) But TO (OR AS A CONSCOUENCE OF):													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Gastrointestinal bleed DUE TO (OR AS A CONSEQUENCE OF): c. Coagulopathy DUE TO (OR AS A CONSEQUENCE OF): d. Alcoholic liver disease													
DICAL	PART li. Other aignifica	resulting in the underlying cause given in					PERFORMED?				WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MED						_			_	_ '	YES 2	X_ NO		OF DEATH? 1 PES 2 NO
	DID TOBACCO U		RIBUTE TO CA				-	UNC	ERTAIN	1 🗆				
SICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:		E OF DEAT	OTHER	R:							
PHY	27. MANNER OF DEATH		1 X Inpatient 2 28s. DATE OF	INJURY	3 DOA 4 Nursing Homa 5 Residence 28b. TIME OF 28c. INJURY AT				esidenca	a 8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED				
BY		Pending Investigation	(Month, O	ay, rear)	INJ	M		RK? /ES 2 [□ NO					
	3 Suicida 8 Homicide	me, term, s	street, tact	tory, offic			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				ute Number,			
COMPLETED	29a. CERTIFIER (Chock only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.													
ωШ	29b. SIGNATURE AND TITLE					ENSE NUM					Month, Day, Year)			
0	20 NAME AND ASSESSED.		Assen									•	10.0	1.94
_	30. NAME AND ADDRESS OF													
	Mustafa Abb: 31. DATE FILED (Month, Day,		32. REGISTRA	Frankli R'S SIGNATURE	n Sa	uare	Dr.	Ba1	timo	re. M	aryla	nd 2	1237	
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